Medical Aspects of Immigration

By J. D. PAGE, M.D.

I wish at the outset of my remarks to thank this Conference for affording me the opportunity to say a few words regarding the medical aspects of immigration, which has been one of the prime interests of the Federal Department of Health since its inception in 1919.

The Immigration Act of Canada, which became law and was put into force at the beginning of the fiscal year 1903, provides for the medical examination of immigrants arriving at our ocean ports. For this purpose immigration medical officers were appointed whose work consists in endeavouring to detect those persons who come within the following classes of "prohibited immigrants" as set out in the Immigration Act:

1. Idiots, imbeciles, epileptics, feebleminded or insane persons.—Sec. 3 (a).

2. Persons affected with tuberculosis or other contagious or loathsome disease which is not curable within a reasonably short time.—Sec. 3 (b).

3. Immigrants who are dumb, blind, or otherwise physically defective to a degree rendering them liable to become a public charge.—Sec. 3 (c).

4. Persons of constitutional psychopathic inferiority.—Sec. 3 (k).

5. Persons with chronic alcoholism. —Sec. 3 (l).

6. Persons (other than those stated above) who are mentally or physically defective to such a degree as to affect their ability to earn a living.—Sec. 3 (m).

As we are now reaching the quarter of a century mark in the medical examination of candidates for Canadian citizenship, it seems fitting that the public should know something of what has been accomplished during the twenty-five.year period in the matter of selection of the new-comers to our shores, and of the protective steps which have been taken to prevent the influx of the mentally and physically unfit, in order that the standard of the Canadian people may not be lowered.

At the inception of this policy and for a few years following, while the total immigration at ocean ports had already reached the one hundred thousand mark per annum, at the important gateway of Canada, Quebec, through which port more than 75% of the immigration enters the country, this responsible work was entrusted to only two part-time medical officers who conducted these medical inspections as a side line of their general practice. This measure was manifestly inadequate.

The records show that for the first few years little attention was paid to anything else than to search among the foreign immigrants for the grave infectious eye disease known as Trachoma. In their hurry to have their ships reach Montreal with the least possible delay, the steamship companies frequently availed themselves of the privilege of landing immigrants at such late hours in the day as to make it quite impossible to conduct a satisfactory medical inspection, and it became apparent that a large number of medical inspectors was needed. Accordingly, in the summer of 1906, the staff was increased to six members and put under the authority of the medical superintendent of the Immigration Hospital, who became the chief medical officer of the port staff as well as that of the hospital. This augmented staff carried on until 1912, by which time it was again increased to eleven, still all part-time officers. But the conditions under which they were compelled to do their work continued to be so unfavourable that no better results were accomplished.

During the interruption of the flow of immigration caused by the great war, every opportunity was taken to

(Paper read by Dr. Page, Chief of the Immigration Medical Division, Federal Department of Health, before the Canadian Conference on Social Work, April 25, 1928.)

make representations to the authorities at Ottawa to demonstrate the necessity of having full-time men appointed to the service, in the light of the glaring evidence that men who had to depend more upon the revenue derived from their general practice than upon the remuneration received from the Government could not have sufficient interest and give enough attention to the work to perform it as it should be.

The overdue advent of the new Federal Department of Health after the war facilitated the beginning of the reforms which such an inadequate system demanded. The activities of the Department of Health in this direction may be summarised as follows:

1. The establishment of suitable hours to carry out medical inspection.

2. The appointment of permanent full-time men through the Civil Service Commission.

3. Co-operation with the Immigration Department in order to have the Immigration Act so amended as to provide for the mandatory assessment of fines against steamship companies for bringing certain prohibited classes of immigrants.

4. Inducing the steamship companies to pay better salaries to their ships' medical officers, so as to make it worth while for them to remain in the service with a full consciousness of their responsibility and the necessity of their co-operating with the Canadian Medical Service in reporting to the latter any case found on board coming under the Immigration Act.

5. Holding conferences with ships' surgeons and officials of the steamship companies at Montreal from time to time in order to explain to all concerned the medical requirements of the Immigration Act.

6. The appointment in London, England, of a medical adviser to the Canadian Department of Immigration in that city, together with an assistant, who have since rendered splendid service.

7. The organisation of a roster of medical examiners in the British Isles in conjunction with the other British overseas countries for the examination of their respective immigrants, under the supervision of the London medical adviser and his assistant.

8. Last, and perhaps most important of all, the establishment overseas, effective from February 15th, 1928, of a compulsory system of medical inspection of all prospective immigrants, prior to leaving their home, by Canadian Medical Officers of the Federal Department of Health.

For while Canada has a very good Immigration Law, after many years of endeavour to apply it at the wrong end, that is, at this side of the Atlantic, its results have been very disappointing.

As a result of the medical officer's certification, in compliance with the Immigration Act, immigrants who are found on arrival to be mentally defective, suffering from certain contagious diseases or affected with some serious physical defects, may be refused permission to land. I may here mention that their rejection or admission rests entirely with the civil examiners of the Department of Immigration. The medical officers of the Health Department have no executive functions; they merely advise the former Department as to the health of the individuals. As many of you know, from the necessarily cursory examination which takes place at the ports of landing, where the new-comers are passed through the inspection lines at the rate of some three hundred an hour, many defects are liable to escape the attention of the medical inspectors. The result is that many of those suffering from serious affections prohibited of entry under the law, have succeeded in slipping through and have later become public charges and eventually deported.

Such an outcome is a serious matter to the persons concerned; having given up home and employment in their native land, their re-establishment on return necessarily proves difficult. Prospective immigrants in recent years have been recommended, therefore, before taking active steps towards

migrating to this country, to present themselves for thorough medical examination to a doctor in their home district, selected from the roster approved by the Department of Health of Canada and already referred to. In the past, however, only in the case of unaccompanied women, children's immigration schemes, and Government-assisted passages to Canada, has such medical examination been compulsory. The results which such examination has produced are very marked. A comparison of the official figures shows that for 1926, the last complete period for which figures are available, out of approximately 95,000 immigrants arriving in Canada who did not undergo compulsory examination before embarkation, the medical line inspection at the ports of entry, which, as I have already stated, is not adequate for the detection of certain types of disease, eliminated only twenty-eight, or .03 per cent. of mental defectives and forty-one, or .04 per cent. under the head of loathsome and communicable dangerous diseases. On the other hand, of the 20,000 assisted immigrants who underwent compulsory examination before embarkation, one hunderd and fifty, or .75 per cent. of the former group, and one hundred and ninety-five, or .97 per cent. of the latter group, were certified as unfit and prohibited from entry into Canada. All things being equal, there is no particular reason why the percentage should be lower in the one case than in the other.

Besides the haste with which the medical inspection is carried out at the time of arrival, and which accounts for so few being held, the mandatory assessment of a fine of $200.00 is imposed on the shipping interests when they bring an insane or tuberculous person. Hence, the most visible defects are now being held back before embarkation by the companies' medical officers.

Either because the class of the misfits who are successful in evading detection before they embark, or as they land, has become more numerous, or as a consequence of the increased activities of the municipalities in procuring their deportation, the latter reached unprecedented figures during the calendar year, 1927.

The surveys which have been made of many public institutions of the country during the last few years through the initiative of the National Committee for Mental Hygiene and the intensive study pursued by such social organisations have revealed the tremendous burden thrown upon the State by the inadequate system of medical inspection that has been too long maintained. Criticism from many quarters has been heard periodically, that our selective method was not all that could be desired. However, it was not until the last two or three years that this criticism assumed a constructive character and was formulated in a concrete manner.

This came as the result of discussion which had taken place at the regular sessions of the Dominion Council of Health, the Inter-provincial Conferences of the Prime Ministers held in Ottawa, and of several important social agencies as well, and impressed upon the Federal authorities the necessity of taking radical steps to meet the situation.

Following several conferences between both Immigration and Health Departments, at which the question was discussed exhaustively, the Government approved finally the policy under which every prospective immigrant to Canada shall be examined by a medical officer as to his or her mental and physical fitness before permission to emigrate to this country is granted. For this purpose it was decided to appoint a number of Canadian Medical examiners, and station them at key cities in Great Britain, Ireland, and on the continent of Europe. Under this policy, while admission to Canada would continue to be determined finally at the Canadian ports of arrival, no person would be permitted by our Department of Immigration to emigrate to this country until he or she had been examined and passed by an

officer of the Immigration Medical Service, Department of Health. A maximum degree of weeding out of the physically and mentally unfit would thereby be attained, thus reducing to a minimum the possibility of rejection on this side.

After the principle of overseas medical examination was approved and adopted by the Government, a conference was arranged in July, 1927, at Ottawa between the two Departments and the Montreal executive officers of the steamship companies. This conference was advised that it had been decided to replace the roster doctors by Canadian medical officers, who would examine not only prospective immigrants who were receiving financial aid from the Imperial or Canadian Governments, but all intending settlers in Canada.

In our tentative arrangements it was agreed to place our doctors in some ten strategic centres of the British Isles, such as Liverpool, Bristol, Birmingham, Glasgow, Aberdeen, Belfast, etc., also on the continent at the principal ports of departure, namely: Riga, Danzig, Bremen, Paris and Antwerp, on the understanding that if some of these doctors required extra assistance at certain times, due to congestion, the Department was prepared to provide same.

After an exchange of views and a full discussion, the steamship people declared themselves unanimously sympathetic to the scheme as outlined, and before we departed we felt that it would receive their whole-hearted co-operation.

The Canadian doctors went abroad in small groups and at intervals from the middle of October, 1927. . . . With the contingent of five additional medical officers who have sailed recently, making a total of twenty-seven in all, these will be placed in as many principal centres, from whence they will travel periodically to more than three hundred neighbouring towns on fixed dates, of which the intending immigrant will be kept informed by either the booking agent or the immigration officials.

In those isolated districts where immigrants could not report for examination and return home the same day, some forty-five roster doctors have been appointed to cope with the situation. . . .

The United States placed their Immigration Medical Inspectors in the British Isles and other European countries three years ago, and the result of their work has proved to be a decided success in every way. If Canada does not desire to be the dumping-ground of those would-be immigrants to this continent which the United States medical inspection system is weeding out, we must lose no time in keeping close guard at our own ports of entry by adopting the method which is working so successfully with our neighbours to the South.

It is beyond dispute that our system of examination of immigrants has been too lax. The Federal Government may under the Constitution be relieved from the responsibility of caring for our feeble-minded population, but it cannot refuse to accept responsibility for the admission of such people through our immigration ports of entry. At different times the National Committee for Mental Hygiene have published some eloquent figures concerning the very serious problem of mental defectiveness in relation to immigration. To be consistent with its policy and by reason of the faith that is in it, the executive of that Committee at a special meeting held recently in Montreal, passed the following resolution:

"The National Committee urges the Federal Government to continue a strict adherence to the provisions of the Immigration Act, and to oppose the admission to Canada of undesirables as provided for in subsections (a), (b) and (k), of section 3 of the Immigration Act."

It is becoming more evident every day that Canada has reached that stage in her evolution where her people must think in Canadian terms when considering national affairs. This fact did not escape the attention of Sir Robert Horne, who travelled through

Canada recently and was quoted by the press as having declared, in the course of an address to the Canadian Club at Vancouver, that "he believed the Dominion had a perfect right to decide upon the fitness and training of those who seek admission." I believe that you will at once agree with these sentiments. If you agree also that in our national politics we must think in Canadian terms, my last word to you is that this applies particularly to the important matter of selective immigration.

The Future of Mental Nursing

At the annual meeting, 1929, of the Mental Hospitals Matrons' Association of England, H. Wolseley-Lewis, F.R.C.S., M.D., addressed the association on the future of mental nursing. Excerpts from this address, as published in "The Nursing Times," March 23rd, 1929, are published herewith:

"In the report of the Departmental Committee appointed by the Minister of Health to consider in what way the nursing service in mental hospitals might be improved, of which I was a member, we noted with satisfaction the formation of the Mental Hospitals Matrons' Association on the ground that 'it would provide means for a progressive attitude towards the nursing of mental illness.'

"Your association was formed nearly six years ago, and I would ask you, each one of you, what you have done to this end? The General Hospital Matrons' Association has long been recognised as a great power in the nursing world, and has had great influence on the status and training of the general nurse, and I am here to urge you to go and do likewise for the mental nurse. A great responsibility rests on you at the present time; your decisions, your influence, your guiding hand can give the mental nurse that position and that training which are her rightful heritage and are of such inestimable benefit to those who suffer from disorder of the mind; so much has been done and said for the nursing of the physically sick that the more important question of mental nursing has been sadly overlooked.

"Let me invite you to reflect on the importance of mental nursing. In no form of disease, not even in the case of children, is the patient so entirely dependent on the nurse as in mental disease. The law recognises this when it deprives the patient of his civil rights and even sets limits to his personal liberty because he is unable to look after himself. Surely this in itself should be sufficient incentive to all who would call themselves mental nurses to do their utmost by developing their character and devoting themselves to their training to fit themselves for what is admittedly a difficult job. Many of you must be aware how unsuitable for the work many of your nurses have been in the past, and one shrinks from contemplating the immense mass of suffering and mental anguish that may have been caused by their ignorance and stupidity.

"It is fundamentally important to regard mental nursing not as a separate profession but as a branch of the nursing profession. For the attainment of success, the ideal experience is that of complete training in both general and mental nursing. What are you doing to encourage this? The Magna Charta of the nursing profession was the passing of the Nurses' Registration Act. It put nursing on the same basis as any other profession; it gave the nurse a legal status; it gave her self-government. Not with-

out a struggle mental nurses were included in that Act; not without a struggle they have been offered a position of equality with every other nurse. What use are they making of their opportunities? Are they trying to justify themselves? Are they showing the grit and ability necessary to qualify for the place in the nursing world which is open to them? How many of them insist on going in for the General Nursing Council's examination? How many nurses have we in our mental hospitals who are doubly qualified? I am afraid to say how few!

"Who is responsible for this state of affairs? Surely your Association should have some power. You are the leaders of the profession. You meet here to discuss what is best for the mental nurse. You should frame a policy for the future, and insist on its being carried out. It is for you to demand that your nurses should attain a certain standard and should have a proper training. Some of you would appear to feel that you would place yourselves in opposition to your medical superintendents, but surely this is not so. You are both desirous of doing everything that is possible for the good of your patients, and while it is entirely right that the medical superintendent should have paramount authority, surely no superintendent would be so foolish as to arrogate to himself the management of a department in which he has had no training and of which he has not the detailed supervision. The nurse is the natural ally of the doctor, and they should look to each other for mutual help in furthering the welfare of their patients.

"May I say, without offence, that the standard that you have demanded of your nurses in the past has not been high enough? You will say that you have difficulty in getting any sort of staff, leave alone those of a standard such as I suggest. The secret is that the higher the standard the easier you will find it to get the nurses. It is necessary to explain to the newcomer that nursing is a vocation, a chance for social service, and that her profession is something to be proud of. It is necessary to explain that she is being given a training without monetary payment for it, and that if she takes the opportunities offered her, and takes her double training, the ultimate gain justifies the immediate difficulties, as a much wider field of promotion is open to her, especially at the present time. I think a time may come when all those seeking the higher posts in the nursing profession will be required to have had some training in mental work, as no other experience can in the same way give her the knowledge that she is dealing not merely with a case but with an individual.

"Yours is the great profession; the State has granted you recognition: and while this brings with it advantages, it also brings responsibilities. Development and discipline must come from within. Responsibility especially rests with you at the present time, the future of mental nursing is in your hands and you will assuredly be called upon to give an account of your stewardship."

Editorials

JOINT STUDY COMMITTEE ANNOUNCEMENT

Since June, 1927, the members of the Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association have been busily at work, laying the foundation for a survey of nursing education in Canada. Now the announcement is made by the secretary of the committee that the services of Dr. George Weir, Professor of Education, University of British Columbia, have been secured to conduct the survey. Dr. Weir will commence work on a full-time basis on November 1st, 1929.

The members of the committee feel that they have been specially fortunate in obtaining Dr. Weir's consent, and the consent of his university, to undertake this work. The Department of Education in the University of British Columbia is known to be outstanding in Canada, and Dr. Weir, although still a young man, has already had a brilliant career in the educational world. He is one of the few people in Canada who has had experience in conducting an educational survey. His success in connection with the survey of education in British Columbia is very well known.

The utmost co-operation of all Canadian Nurses will be needed when the survey is under way, in order to make it as effective as possible.

MISS A. J. HARTLEY HONOURED BY DISTINGUISHED DECORATION

Miss Anne Hartley, R.R.C., Matron-in-Chief of the hospitals of the Department of Pensions and National Health, was awarded the Florence Nightingale Medal in May, 1929. This medal is awarded biennially by the International Committee of the Red Cross to a few nurses in different countries who have rendered conspicuous service in time of war or public calamity. Miss Hartley is a graduate of the Toronto General Hospital and served overseas in France, Salonika and England from 1915 to 1919. She received the Royal Red Cross in 1916, and bar to this decoration in 1919. Since the war she has been matron of various government hospitals for returned soldiers and in January, 1929, was appointed Matron-in-Chief for the Hospitals of the Department of Pensions and National Health.

Only one other Canadian nurse has been awarded the Florence Nightingale Medal. That is Miss MacDonald, former Matron-in-Chief of the C.A.M.C. Nursing Forces, so that it is a matter of gratification to Canadian nurses that Miss Anne Hartley has been honoured by such a distinguished decoration.

The Venereal Disease Clinic

By Dr. GORDON BATES, National Director, Canadian Social Hygiene Council

The problem of venereal disease control is extremely difficult. It seems to me that more information as to the possibility of ultimately reducing the problem may be obtained in a venereal disease clinic than anywhere else. We now have a large number of such clinics and our opportunity is multiplied proportionately. I desire in this paper to take up some of the questions which seem to be worthy of discussion at this time, and to make them intelligible to an audience whose desire is to contribute something to the mitigation of an evil which, having its origin in the misdirection of a force which normally adds immensely to the sum total of human happiness, through this misdirection instead adds disabilities and misery untold to the ward's problems; for the story of venereal disease and its results is a terrible and a tragic story indeed.

As far as is possible I am anxious to speak from the point of view of a clinic director, and to add something to what you have already heard this afternoon as to the elucidation of the problem as it unfolds itself through daily contact with the clinic patient.

Perhaps the first thing which strikes one in a large venereal disease clinic is that the patients on the whole seem very like patients attending the other clinics in the hospital, neither better looking nor worse looking either as to mental or physical characteristics. While it is true that there are certain characteristic outward signs in the early stages, most cases attending clinics are in a stage of the disease in which the average person could not detect the presence of the disease. This gives me the opportunity of emphasising the fact that there are large numbers of syphilitics who, despite the fact that they are harbouring germs which will ultimately fulfil their sinister purpose and cause serious disability or death after long periods, are absolutely free of symptoms. Indeed many syphilitics have no idea of the fact that they have syphilis at all. This brings out the first point that I would make, that in all general hospitals all patients should be submitted to the routine Wassermann examination. One will find that perhaps 35% of cases discovered will be unaware of the existence of their infection. May I in passing remark that since the initiation of the anti-venereal disease campaign, we have discovered by means of the routine Wassermann that the percentage of syphilitics in the wards of Toronto General Hospital has been reduced from 12.8 in 1917 to 3.8 in 1927. From the beginning a large proportion of the cases attending the venereal disease clinic have been recruited from the wards by the continuous use of the routine Wassermann.

Syphilis from the hospital angle presents other problems. It is necessary to get patients, to keep patients once they have reported for treatment, to bring in sources and contacts; and all of these matters require special attention, besides the mere matter of seeing that patients receive efficient treatment, that they are properly educated in the danger of their disease to themselves and others, and that they are not discharged from treatment too soon.

I would emphasise the fact that the venereal disease clinic by itself will not control venereal disease. The control of venereal disease in any community depends on a study of the factors making for its existence, a recognition of the fact that these factors are social, and an attempt to deal with them on a community scale by community organisation.

Perhaps the first thing to be considered is education. In Toronto we

(Read before the Canadian Conference on Social Work, Annual Meeting, 1928.)

have had a persistent educational campaign from the beginning. The mere fact that such a campaign has attracted patients to clinics demonstrates its value. The existence of a strong local social hygiene council, to whom the education has been entrusted, however, has resulted in more than this. It has meant that a group of interested citizens have been kept busy correcting, one by one, deficiencies in legislation and social organisation as they are called to their attention by means of investigation carried on in the clinics.

Some examples will be in order here:

Very early it was discovered that to attempt to control venereal disease with no legislation was difficult if not impossible. Legislation was obtained by calling the necessities of the case to the attention of the same group which now carries on the local social hygiene council. The legislation provides for notification and compulsory treatment just as does legislation concerning other communicable diseases, although there are certain safeguards rendered necessary by the nature of the disease. For example, the physician is not required to report his patient by name unless treatment is neglected. Very great care has been exercised to avoid discrimination against women. It is interesting to note that actually more men than women have been dealt with under this legislation.

For example in a single year the figures are as follows:

Cases Brought Under Act

(a) Report on suspect cases of V.D.	130
(b) Report with diagnosis to secure treatment	92

	Male	Female	Total
Syphilis	50	15	65
Gonorrhoea	6	16	22
Both	2	3	5

Prisoners in Custody

Total number cases in 1927	1503
Men's Farm	1250
Women's Farm	173

Results

	Male	Female	Total
Syphilis	55	32	87
Gonorrhoea	17	15	32
Both	1	9	10
Negative	1205	169	1374

Total Number of Venereal Disease Cases Reported by Serial Number by Private Physician, Hospital Clinics, and Jail.

Year 1927

	Male	Female	Total
Hospital Clinics—			
Syphilis	243	144	577
Gonorrhoea	327	155	482
Private Physicians—			
Syphilis	39	65	104
Gonorrhoea	141	77	218
Chancroid	0	0	0
Jail Physicians—			
Syphilis	56	41	97
Gonorrhoea	18	24	42
Summary—			
Total number of cases of Syphilis reported			778
Total number of cases of Gonorrhoea reported			742
Total number of cases of Chancroid reported			0

At the time of the passage of the Ontario Act for the Prevention of Venereal Diseases there was a feeling in some quarters that it might be used merely for the purpose of attacking the prostitute class.

A study of the above figures will convince one that it has not worked out this way. In Toronto the question of crime, and that of public health have been kept separate, and in the operation of the Ontario Act for the Provention of Venereal Disease the person alone is dealt with. Neither sex is specifically mentioned in the Act.

This does not mean that the voluntary group is not interested in preventing discrimination against women when the question of prostitution is dealt with. The venereal disease problem and the prostitution problem are closely related and the local social hygiene council in addition to its broad educational programme has under consideration from time to time the matter of laws and machinery having to do with fair treatment for both sexes. The double standard of morals is likely to be in evidence even in the way the two sexes are treated in police court, and I would suggest that the appointment of a woman magistrate may be one way of seeing that men and women are treated alike.

As regards the police policy towards prostitution in Toronto it has been one of rigid repression for a good many years now. As a result organised prostitution has disappeared. Clandestine promiscuity there is, of course, but the commercial aspect is very little in evidence. One may readily arrive at an opinion on this matter by a casual investigation among patients attending the venereal disease clinics in any of the hospitals.

May I in passing pay a tribute to the influence of the woman magistrate. The presence of a woman physician on the bench (Dr. Margaret Patterson) has been of very great value in developing a proper point of view in Toronto towards both the male and female sex offenders. May I make bold to suggest that while I have every respect for woman's influence in the home, I have little sympathy for those who would limit her influence outside the home. Dr. Patterson is a good example of how effective such influence can be.

The venereal disease clinic in a general hospital provides many opportunities for effective service beyond the mere treatment and limiting of a communicable syphilitic or gonorrhoeal infection. Such an infection extending over a period of years means that probably extensive physical and perhaps mental damage has been done. We make it a rule to undertake the routine physical examination of all patients attending the clinic and the cardiac, neurological and other complications unearthed are very numerous. Frequently damage has been so serious that complete repair is impossible, although the progress of the disease may be checked. The essentially important work of the clinic, however, is to diagnose, treat and keep under treatment the early case.

Some reference has been already made to the means to be adopted for keeping such cases in particular under treatment. Here it seems to me that the most important factor is education, and the poster, the lantern slide, and proper distribution of literature all play their part. None, however, are as important as the heart to heart talk with the clinic physician on the occasion of the first visit. A careful description of the danger of the disease and the urgent necessity for regular treatment are essential. The graduate nurse social worker is, of course, invaluable. She is an essential part of the clinic machinery which indeed would fall down altogether without her. It is seldom necessary to resort to the actual use of the venereal legislation, but the fact that it is available has a most stimulating effect on patients who would otherwise be recalcitrant.

One difficulty which exists probably in most venereal disease clinics is inherent in hospital and particularly out-door structure. Most of our hospitals were built before the venereal disease problem was discovered. Particularly in this disease privacy is desirable for investigation by either the physician or the nurse social worker. The cubicle system clinic would seem to be ideal although I know as yet of no hospital in Canada where it is in actual operation. Under such a system the conditions approximate those in practice. The patient can tell his or her story privately to the physician without any of the reserve which is inevitable in many clinics where conditions are more like those before a department store bargain counter than in a physician's office. In such a clinic fashioned I should think along the pattern of St. Thomas's Hospital, London, Model Venereal Disease clinic, the physician can take histories himself and examine, diagnose and treat patients assigned to him. Patients should be seen always by the same physician for obvious reasons. The cubical system makes this arrangement easy.

The following case provides a sample of the sort of information which may be elicited by careful investigation. A woman from a place about two hundred miles from Toronto, while a patient in the Toronto General Hospital, was found to have a positive

Wassermann reaction. By communicating with her family the following condition of affairs was revealed:

Mrs. J. S.—Mother—V.S.P.
Father—died—G.P.I.
Eldest child—Negative.
Next child—V.S.P.
Next child—Negative.
Next child—Negative.
Next child—V.S.P.
Next child—Negative.
Next child—V.S.P.
Next child—Negative.
Next child—V.S.P.
Next child—Negative.
Next child—Negative.
1 daughter-in-law—V.S.P.
1 daughter-in-law—Negative.

By correspondence and co-operation with the health authorities it was found possible to get these patients under treatment. I need scarcely say that often before syphilitics are discovered the disease has already done a great deal of damage—more than in this family.

The following is a further example:

Case 2—Father, first reported—G.P.I.—In asylum.
Mother—V.S.P.
Bertha, aged 15—V.S.P. Inter. Keratitis.
1 baby died—Enlarged Liver.
1 child, age 12—Juvenile Paresis—V.S.P.
1 child, age 9—V.S.P.
1 child, age 6—V.S.P.

Mothers' pension has been granted. The above are all public charges.

In Toronto the machinery for dealing with such cases is simple. It is not quite so simple in the smaller cities or districts, although here too there is machinery.

Six hospitals with properly staffed venereal disease clinics with social workers attached, working together in co-operation with an efficient department of health plan, good venereal disease legislation means a strong construction. A case of syphilis reporting at a hospital not only ensures the effective treatment of that case but in addition may make possible and even likely the examination of sources and numerous contacts. Such work carried on continuously will ensure the diminution of the incidence of venereal disease in a community.

The question of prophylaxis is much discussed in some countries, and army methods during the war have resulted in an occasional demand for it. Generally speaking, in this country we have avoided stressing it and there would appear to be no reason for entering into a controversy anent the virtues of the prophylactic packet at this time. At the same time, there is no doubt that the person who has been exposed to a possible infection should report to a physician or a clinic at once, and I see no reason why local educational propaganda should not include information to this effect. In such cases the use within a few hours of calomel ointment and permanganate solution will prevent infection. It seems to me, however, that even the advertisement of this fact unless it is carefully done may do harm in a civil community. Properly handled it should be of value.

Through one's everyday contact with the patients in a venereal disease clinic one develops a point of view towards the venereal diseases themselves. One can only see them as a great national problem which neglected means tremendous losses to Canada from unnecessary disability and death among her citizens. Nor can we fail to be impressed by the sad procession of children who, if they live will lead sadly blighted lives, suffering from disabilities of which they are the innocent victims. One cannot but be heartened by the knowledge that Canada has a venereal disease programme in which the Dominion and Provincial Governments have co-operated successfully for a number of years, with the result that no less than 200,000 persons have been reported as having been brought under treatment to date. Nor can one but feel that we should go much further. For what of the still remaining vast army of persons who already infected, unaware of their condition, are likely to suffer more themselves and pass their infection on to further victims? This simply means that we must not let up on our efforts. May I in

passing say that only by adoption of a national method of stock taking can we achieve results. (I am not now speaking of venereal disease only.) We know that because of this fact incipient disease of all types develops unnecessarily into serious conditions which fill beds in hospitals and institutions for the defective, with persons who should be well. I can see no other cure for it than the adoption of a national periodic health examination scheme. Only by such a method resulting in the discovery of ailments often at the time trivial can we hope to materially extend our average length of life, and in the absence of a scheme of this type I do not see how such can be stamped out.

We may say, what about the relationship of the venereal disease problem to morals? What about teaching sex hygiene? Do our young people know enough? My answer is that I am not an ardent supporter of sex hygiene as it is commonly or at least too often taught. In many cases our young people know too much already. There seems to be nothing left to the imagination, nothing sacred, nothing good any more. Certainly this is the impression one gets from reading a large proportion of our current fiction. Where training is necessary in the case of children, it should be left in the hands of the parents who, of course, should not be left entirely uninformed.

Parent training we need, and parents among other things should be able to guard their children against sex mishaps. But there is more than that. Health, character formation, preparation for marriage, and the ultimate assumption of the duties of parenthood are needed by our young people. If they can be made to realise their responsibilities for the carrying on of a finer and healthier race of wiser people the problem will be solved. Certainly it will not be solved by the vaporings of a certain misguided gentleman from Denver—truly a blind prophet attempting to lead us into morasses and ditches from the filth of which we may have difficulty cleaning ourselves. I believe that the eugenic's ideal is more to the point. We must strive to build up a better race if we would even achieve a higher average of happiness for the average person. And health teaching and teaching as to the significance of so ruling our lives that our mating may be pure and normal, will do more than our somewhat sentimental morality of the past. When we realise that the broken home, whether the result of death or divorce, is an evil from which we will suffer as a nation and as a race for generations to come, and take steps to prevent it by proper education we shall be on the road to success. For the home is the nest whence springs all future life and for the sake of the future we should strive to keep it not only intact but pure.

To this end health must be stressed more and more as the years go on. Money, in so far as the human race is concerned, is but a means to an end, although we would scarcely think so listening to the deliberations of the average body of law makers. That the first duty of a statesman is the preservation of the health of the people has been considered a truism. It should be held seriously to be a fundamental reason and basis for government. Some wise person once said that the ideal government would be one composed of doctors and women. Certain it is that in the absence of sound public opinion the health machinery of our country will be weak. In the absence of good health machinery, including strong official departments of health, the great problems we are discussing cannot be solved. If they are not solved we will be slow in building up the strong race of Canadians we should have if we are to take our place among the great nations of the earth. For no nation is greater than the people who make up that nation, and no person is greater than his environment and his heredity permit. So that my final opinion is that the doctors and the women who, after all, know more about these things than most people should have more to say about it in the future than they have had in the past.

Nervous Troubles of Children

The British Journal of Nursing, April, 1929, reports most interestingly Miss Mary Chadwick's lectures to the British College of Nurses on "Past and Present Views concerning Nervous Diseases."

In discussing the nervous troubles of children and how the nurse may help them, Miss Chadwick says:

"In reviewing the incidence of neurosis in childhood, we may ask ourselves four questions:

"1. What are the neuroses of childhood?

"2. What are their predisposing causes?

"3. How soon may the symptoms develop?

"4. What can the nurse do to help these children?

"1. *What are the neuroses of childhood?* These are often unrecognized as such, but when we examine them carefully we observe the symptoms to be identical with those which are present in the adult neurotic. Thus we may find the juvenile hysteric, usually considered a spoilt, highly-strung child, who rules the house alternately with temper or tears, attacks of breathlessness, or loss of appetite, who is always seeking attention or sympathy; possessing fears innumerable, the early form of *anxiety hysteria*, or already showing *conversion hysteria* in headaches, periodic vomiting, general malaise, growing-pains, etc.

"We may also see the little *obsessional neurotic*, under compulsion to touch things, to say things or to ask innumerable questions and plead for reassurance that he or she hasn't broken anything or looked at something that was forbidden. *Melancholia* will also be found in quite young children, who feel unwanted or that life offers endless disappointment without compensation, because, perhaps, a new baby has alienated a certain amount of love that was once undivided. The child's wish to escape from the difficulties of life will often appear in dangerous recourse to phantasy, and the avoidance of real life that we may recognise in rather later stages of development as dementia praecox.

"2. *What are the predisposing causes,* and 3. *How soon may symptoms appear?* may be taken together for the most part.

"Some of the most important of the predisposing causes of child neuroses are tendencies to nervous trouble in the parents, or those who have charge of the child during its early years. Modern research has shown us that the parental attitude towards an infant will become readily impressed upon the character of the child. Thus we will find the baby who came unwanted into this world, or with whose sex the parents were dissatisfied, gains this impression at an early age and shows it in future unhappiness or expectation of failure. Again, the feeding of the infant will influence early character development, in that the well-nourished infant grows up more contented and nervously stable than the marasmus baby, or one who has suffered early and severe deprivation in this respect. The same anxious expression on the face of the baby with digestive troubles is easily recognised upon that of the adult who is afflicted with anxiety neurosis, accompanied with fears of all descriptions, especially that of the uncertainty of life. The early training of the infant, through love or punishment for cleanliness and other good habits, if urged too soon or too insistently, will sometimes lay the foundation of overconscious tidiness or a scrupulosity concerning dirt, doubts or other obsessions, as well as exaggerated guilt and fear.

"*The great triangle of the Oedipus Conflict*, of father, mother and baby, with baby struggling to be the most important side, supported by the other two, is the basis of a large percentage of youthful as well as adult neuroses, especially hysteria.

"4. *The nurse's part in child neurosis* differs in some ways considerably from that which she plays in the nervous complications of adults, because in these difficulties she is faced frequently with the problem of altering the attitude of the parents towards the child; while in adult nerve cases the patient continues as a child and to react to old situations that are no longer real for the present time and from which the patient must struggle to free himself or herself without the interference but with the help and encouragement of the nurse, who may point out this repeated situation which is the cause of so much trouble."

Poliomyelitis

During the height of the epidemic of poliomyelitis in Winnipeg in 1928 a number of brief articles on the nature and treatment of this disease were prepared for publication by a committee of the Winnipeg Medical Society. These articles also included in a recently published report of that epidemic are reprinted forthwith:

Nature of the Disease: Infantile paralysis, or poliomyelitis, as the name implies, is an acute inflammation (itis) of the grey matter (polio) of the spinal cord or marrow. It is more than this, however. The inflammation may extend upwards so as to affect the vital centres in the lower part of the brain, thus leading to paralysis of respiration which is the common cause of death. Sometimes, especially when the disease appears in epidemic form, the brunt of the attack may fall upon these vital centres, and there may be no sign of the paralysis of the arms or legs, which indicates injury to the spinal cord in the ordinary case. But the infection is even more widespread, for evidence of the action of the virus or germ which causes the disease is found in many other organs besides the brain and spinal cord. The modern conception of the disease is that the infection, probably gaining entrance through the nose and throat, is widely diffused throughout the body, that in only a very limited number of persons does the infection reach the brain and cord, and that persons showing no paralysis nor other evidence of disease of the nervous system may act as carriers.

The pathological changes in the nervous system are inflammatory in nature, and quite similar in kind to those of sleeping sickness (encephalitis) and other inflammations of the brain and cord. As a result of the inflammation, the nerve cells in the cord which supply the muscles of the arms and legs are destroyed, and there is more or less complete paralysis. It is seldom that all the cells in one area are destroyed, so that the paralysis is often merely partial, and under efficient medical treatment there may be a remarkable degree of recovery. Only the cells supplying some of the muscles of one arm or one leg may be involved, and in these cases recovery is still more complete. There is therefore no mystery about what we may call the pathology of the disease.

Its Cause: When we come to the question of causation we must tread more warily, although still with a good deal of confidence. In 1910, Simon Flexner, of the Rockefeller Institute, found that when infected material from the spinal cord of a fatal case was injected into a monkey the animal acquired the disease, and that the infecting agent, or virus as it is called, would pass through the pores of the finest filter. It belongs, therefore, to that group of the most minute germs known as the "filter passers." Noguchi, the distinguished Japanese scientist of the Rockefeller Institute, who recently died of yellow fever while investigating that disease on the West Coast of Africa, succeeded in making a culture of the virus, and

this, when injected into monkeys, reproduces the disease in the animal. The reason the monkey is used is that no other animal appears to be susceptible. Other views have been expressed about the causal agent, but none have the convincing quality which characterises the work of Flexner and Noguchi.

Method of Spread: While we are on firm ground in considering the pathological changes in poliomyelitis, and are fairly certain as to the causal agent, we are still very much in the dark as to the method of spread. The general belief is that the disease is spread by contact, but it is very difficult to prove this. It has already been pointed out that the infection may be conveyed not only by those suffering from definite inflammation of the spinal cord, but also by others who may have manifested none of the ordinary signs of the disease, and even by perfectly healthy carriers. Others believe that the infection may be spread in other ways, but here, even more decidedly, there is no shadow of proof. Ignorance regarding the method of spread makes it difficult to take rational steps in the matter of prevention. The same, however, is true of other diseases, such as influenza, cerebrospinal meningitis, and sleeping sickness.

Treatment of Poliomyelitis: With the first symptoms of the disease it is important that the child be placed at complete rest. If the patient is allowed to move about, there is danger of more damage to the nerve centres. The treatment at this time is that for an acute febrile condition, as directed by the physician. Further, immediate treatment of the disease is directed towards the prevention or limitation of the paralysis which is the result of the action of the poliomyelitis virus on the nerve cells.

It has been found that the blood of persons who have recovered from the disease has a neutralizing action on this virus. Based on this experimental evidence, individuals struck down with poliomyelitis have been treated with the serum from the blood of people who have recovered. This serum is called "convalescent serum" and has been used extensively in several previous epidemics in various centres. The evidence is that this serum, when administered quite early in the attack, has a beneficial effect in many cases.

The results indicate that occasionally it may prevent paralysis. Following the use of the serum, a lower mortality rate is noted. Moreover, there is a lower average total paralysis, and a lower incidence of paralysis of the severer grades. The effectiveness of such treatment depends upon an early recognition of the condition and the use of the serum in the pre-paralytic stage of the disease. It is considered that the serum has little value once the paralysis has set in. The available supply of such serum, obviously, may be limited, since it can be obtained only from those who have recovered from infantile paralysis. Antibodies to the virus which causes the disease have been found in the serum of persons who have had the disease over 30 years previously. The most valuable immune serum, however, is considered to be of the donors whose attack occurred from a few weeks to several years previously.

From what has been said, it becomes evident that those who have recovered from a previous attack of the disease are in a position to confer a great public benefit by giving a comparatively small quantity of blood that is needed for the treatment of children suffering from this dread disease. The removal of this small amount of blood is without injurious effect on the person who gives it.

Symptoms of the Disease: In the cases of infantile paralysis occurring in Winnipeg the most prominent initial symptom has been vomiting. The vomiting does not necessarily accompany every case. Associated with the vomiting is a prompt rise of temperature at varying intervals from 101 to 104 degrees Fahr. The vomiting may

occur only once or may be repeated at varying intervals for a period of twelve to twenty-four hours. As this is the season of the year when attacks of indigestion most commonly occur, the parents frequently are not alarmed, and with younger children they ease their anxiety by the fact that the child is teething. In contrast to the usual attack of indigestion, diarrhoea does not follow, but the child next day remains constipated, the temperature remains elevated and the child still appears ill. The child may be irritable, as indicated by crying or tossing about in his bed, but on the other hand he may be very drowsy, taking no interest in surroundings or his food. Above all, he is willing to stay in bed, which is in direct contrast to his behaviour in those ordinary infections of childhood that are accompanied by vomiting and temperature. If irritable and old enough the patient may complain of headache or pain on movement of the neck, not as a rule if the neck is moved from side to side, but only if attempts are made to bend his neck forward to take a spoonful of food or for any other reason. He may refuse to sit up, or if he does so, does it with difficulty, raising himself by means of his hands, at all times holding his back rigid, and he will complain of pain if asked to touch his toes with his fingers while in the sitting position.

In a very few cases sore throat has been the initial complaint, but in such cases examination reveals only a slight redness, not sufficient to account for the temperature, and further examination reveals pain in the neck or in the spine on forward movement.

Whenever any of these so-called "pre-paralytic symptoms" of the disease are noticeable they should warrant an immediate consultation with the family physician, who can then institute measures to confirm the diagnosis by an examination of the spinal fluid.

A still more severe type of the disease is known as the bulbar type of infantile paralysis. The onset is very sudden, usually with vomiting and temperature. In a few hours there is noted a great difficulty in swallowing, along with the usual neck signs. There may be a paralysis of one side of the face, and paralysis of one-half of the body may rapidly follow. If the paralysis spreads to involve the muscles of breathing, death rapidly follows.

It has been recognised in previous epidemics elsewhere that the use of convalescent serum not later than forty-eight hours after the onset of symptoms tends to prevent or lessen the subsequent paralysis, but once paralysis has made itself evident, which usually occurs three to seven days after the onset of symptoms, treatment by the use of convalescent serum is of no avail.

There is another type of case, who simply appears out of sorts, a little more irritable than usual, does not take his food well, and his temperature may be normal. In four or five days the mother notices that he does not walk well, has difficulty in going upstairs, and if laid on the floor has difficulty in rising to the standing position. Cases of this type can now be regarded as mild attacks of infantile paralysis, as evidenced by general muscular weakness. A child with such symptoms should be put at absolute rest in bed, in order to give the muscles the best opportunity to recover.

Treatment of the Paralysis: Treatment during the acute attack has been fully discussed in previous articles. The management of the patient in the weeks and months after the illness is over will now be considered.

The first thing to realise is that marked improvement during this period is to be expected. Little patients who have one or more limbs completely paralysed at the beginning practically always improve, and indeed may even go on to complete recovery. Although many patients are unable to walk at first, it is very exceptional

to see one who cannot eventually be got on his feet. It is well to remember the bright side of this all too gloomy picture, and to realise that there is every reason to look hopefully to the future.

It cannot be too strongly emphasised that these children should be under constant medical or surgical supervision until they have recovered as far as possible. This means for weeks at least; more often for months and years. It is especially during the first weeks that much good can be done by proper management, but that but there are two very important much harm will result from neglect or from following bad advice. No attempt is made in this article to tell parents how to treat their children, points in the treatment that should be emphasised.

The first is that rest is the sheet anchor in the treatment. This means rest in bed. How long a period will depend upon many factors, and will be determined by the doctor in each individual case. The second is that the paralyzed limbs must be splinted in such a way as to prevent overstretching of the paralyzed muscles, and to prevent the occurrence of deformity. Again the doctor must determine the character of the splinting for each individual case.

When these two things, rest and splinting, have been instituted, nine-tenths of the treatment during the first few months is arranged for. Considerations of other methods of treatment are of minor importance. The diet should be light and suited to the age of the child. No specially nourishing food is indicated; it is better for these children not to become fat. Mothers are urged to give forced feeding because the child is weak. This is a mistake. The various forms of electrical treatment may be useful at times, but the indiscriminate use of electricity in this disease has done a lot of harm in the past. There comes a time when most patients are benefitted by massage, but if begun too soon, or carried out without a full appreciation of its effect upon the individual patient, massage can do positive harm. All these accessory methods of treatment must be carefully prescribed by the doctor, and must be regarded as adjutants only of the main things, which are rest and splinting of the paralyzed muscles.

Diet in Disease

By E. LAURA CODY, B.H.Sc., Assistant Dietitian and Theoretical Instructor, Victoria Hospital, London, Ont.

Today, dietetics has assumed such importance in the treatment of disease that the nurse finds it absolutely essential to keep in touch with the newer developments. So much has been brought to light within the last few years through experimental work on feeding of animals, from which humans have derived benefit, that a realisation of the importance of dietary measures in disease is universal.

In no disease does diet assume such prime importance as in diabetes; it also holds an important place in the treatment of nephritis, pernicious anemia, gout and diseases of the digestive tract.

Diet in Diabetes

Diet, not drugs, is the mainstay of any successful treatment of diabetes. Insulin must always play a subordinate rôle to dietetic measures.

The principles underlying the dietetic treatment:

(1) Provide for the energy requirement of the patient. This is governed by the age, size, sex and activities of the indiviual. (A man engaged in moderate work requires 2,500-3,000 calories per day.)

(2) Counteract any obesity. Many diabetic patients, especially elderly ones, are overweight, so, in calculating the diet, it is well to allow them the energy requirement of the average individual of the same age. Strive to keep the patient just under normal weight.

(3) The protein requirement must be fulfilled whatever the diet. This will provide the tissues with building material to prevent wasting. (One-half a gram of protein per pound of body weight is a safe margin.)

(4) The proportion of fat to carbohydrate in the diet should not be too great: one must prevent the development of ketosis or acidosis.

Two courses of procedure are open:

(1) Starvation or under-nutrition method of treatment. In this case the patient is allowed meat broths, tea or coffee without sugar, and carbohydrate-free articles of food of low nutritive value, as wafers and muffins. This is continued several days till the sugar disappears from the urine. When this occurs, the diet is built up gradually until a suitable diet is reached. Insulin may be required to accomplish this end.

(2) The other method is to place the patient at once upon a diet providing the required amount of energy, and enough insulin administered to keep the urine free of sugar.

The nurse, in order to co-operate with the physician, is required to have a working knowledge of dietetics. The desires of the patient, customs and laws of religion should be observed, individual tastes are to be considered, and one must remember that the purpose of the diet is defeated if the patient refuses to eat and may be defeated if he does not relish the food.

In constructing the diet, the carbohydrate quota should not be taken in concentrated form; a larger part should be in the form of 5% or 10% vegetables and the smaller part in 15% vegetables and fruits. Vegetables are of definite value in giving the necessary bulk to the diet. If the amount of carbohydrate permitted is liberal, breakfast cereal may be included, also potato, but no sweets should be permitted.

Proteins may be taken in almost any form: meat, eggs, milk or cheese. The fats are most agreeably taken in the form of butter and cream; considerable would be accounted for in the bacon and eggs used.

The foods should be easy to obtain, simple and digestible. Articles of diet should be such as are commonly found on the normal menu. The menu should provide variety: elasticity in the choice of food is essential. It is often better to use slightly less than the prescribed amount of food, leaving a margin to be used as extras to vary the diet. Vegetable salads taste very different when enriched by the addition of a portion of lobster, a small ball of cottage cheese, a sardine or shrimp, an olive or a small piece of Canadian cheese. Salted almonds or chopped nuts might be added to a fruit salad. The actual caloric value of these extras is very meagre, but they are of immense importance in increasing the palatability of the diet.

In planning for variety in the fruits and vegetables on the menu, a handy table of the carbohydrate contents of the various fruits and vegetables will prove a wonderful help. Such a table has been assembled and placed on a small card by Dr. Joslin. (These cards are published by Thos. Groom & Co., 105 State Street, Boston.) The 5%, 10%, 15% and 20% fruits and vegetables in common use are listed, and one may substitute, when desired, another fruit or vegetable of the same group.

Should other conditions arise whereby the diet given should be soft or bland, the nurse's power of adaptability will have to be exercised. Still, the use of milk, cream and eggs in various combinations, and sieved vegetables, may fulfill the requirements of the individual.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

The Teaching of Bacteriology

By RUTH F. WALDEN, Instructor, School of Nursing, Royal Alexandra Hospital, Edmonton

The correct understanding of the more important facts and principles of bacteriology, one of the most vital subjects in the curriculum, is an indispensable part of every nurse's mental equipment. To stimulate the interest for the acquiring and retaining of this, the teacher must create a necessity on the part of the students by stressing the responsibility of nurses to protect themselves, their patients, and the public. This would be made more obvious to the student by a few dramatic stories regarding septic cases, typhoid epidemics, etc. If the students realise their need for bacteriology, it is easy to find a market for the course. To find a market implies an exchange, an article wanted and that want supplied.

It is generally agreed that, to obtain the best results, bacteriology, being a fundamental science, should be placed in the preliminary period when the students show an interest never displayed later in their training. If presented properly, the knowledge of these minute organisms is a revelation to them which should be applied from the beginning in their work, and should stimulate them to read and study regarding the newer methods and discoveries.

The course should be given by a physician or laboratory technician, and applications made by a nurse, or, preferably, a nurse instructor who has had special training in bacteriology and allied subjects.

The time allotted varies with the different hospitals. Forty-five hours in three-hour periods, one of lecture, one of demonstration, and one of laboratory is ideal, but fairly complete courses can be given in twenty-five or thirty hours. As the facilities in many hospitals, as yet, are inadequate, the laboratory periods in them will have to be curtailed, but demonstrations can always be given to illustrate the lectures.

An outline of the course should be arranged in topical sequence for the number of class periods, beginning with green plants and molds for an appreciation of cell structure and life, and leading to the more advanced study of bacteria in relation to disease. This outline should correlate with other subjects and prevent overlapping.

Lesson plans may be made out in outline form for each period. These should contain the topic, problem, aim, name and pages of reference material for teacher and for student, illustrative material and where it is located. These may be kept from year to year and improved upon with the development of science and of the teacher's ability.

A text book such as "Applied Bacteriology for Nurses," Bolduan and Grund, or "Bacteriology for Nurses," Morse and Frobisher, may be used and supplemental reading assignments be given in the more advanced books on this subject. Assignments in reference or text books should be given previous to the lecture on that particular topic so that the students will come prepared to get the most from the class.

Note books should be required, in which the notes from lectures in outline form are kept along with notes

of reference reading in similar form. Laboratory drawings, coloured and labelled, may be kept in this, or under a separate cover. These books should be handed in weekly, corrected and returned to the student.

The principles of bacteriology must be made real to function properly. They should be taught and associated in the mind of the student in relation to their use. A few students may apply them but the majority must have them presented in connection with related subjects. They should be applied to methods of disinfection, to sterilisation of water, instruments, dressings, and to the care of discharges and excretions. Applications should also be made to the serum used in prevention, diagnosis, and treatment of the infectious diseases.

Many demonstrations to illustrate the lectures may be arranged easily and inexpensively, for every hospital has a wealth of material. A leaf may always be obtained for cell study. Onion, potato and carrot experiments are easily arranged to illustrate osmosis and dialyses. The laboratory technician will usually provide agar plates and broth for mold cultures. Swabs of students' teeth, fingers, nasal passages, etc., demonstrate the unthought of presence of bacteria. Agar plates opened in different places such as operating room, ward and nurses' home, show the presence of bacteria in various environments. Swabs taken of students' hands before and after scrubbing will demonstrate the necessity for this. A pure culture may be started, examined each week and transferred, if pure. Different types of milk and water may be plated and bacterial counts taken. Prepared slides from the laboratory may be secured for streptococcus, staphlococcus, pneumococcus, bacillus typhosus, etc. Charts and illustrations in other text books may be used to advantage. As learning takes place by the eye as well as the ear, the more frequently illustrative material is utilised the more the students will be able to visualise and thus retain and have a better understanding of this all-important subject.

As many microscopes as are available in the hospital should be utilised by the class. The students should have practice in their use as well as the making of mounts. Aseptic technique thus taught in bacteriology will carry over to operating room and ward work. If the equipment is limited so that the teacher only does the experiment, the students will not derive as much benefit because learning takes place while doing. Drawings of the more interesting microscopical mounts will also assist the students to remember and recall the problem involved. In most hospitals the students will not be able to make drawings from individual microscopes. In that case, after they have seen the mount, it may be drawn on the blackboard for them to copy and label.

The classes are conducted by the lecture, discussion, quiz and project methods. The lecture saves time in presenting new material, and is valuable to sum up, clarify and supplement discussions. The discussion method brings up problems of the students and helps correlate the ward with the class-room. It creates initiative in thinking and gives practise in self-expression. The quiz method is valuable as a review and to discover erroneous ideas which need rectifying. Several thought-provoking questions should be prepared previous to the class period. The project method links up class and ward work. The student chooses her project, solves it on the wards, and reports the results in class; for example the strength, use, characteristics of a certain disinfectant which is being used on her ward.

Where possible, the laboratory method may be used to supplement the lecture and help correlate the theory and underlying principles with practice. Individual work gives

training in the scientific method and in taking responsibility.

Students should keep a pathogenic chart which they may use in communicable diseases later. These should contain characteristics, incubation period, portal of entry, mode of conveyance of the causative organisms of the various diseases as well as characteristics of the disease.

A history of bacteriology may be given in the first or in the last lecture for appreciation of this comparatively new science.

Excursions should be used more than they are. Excursions to a milk plant, packing house, city water source, well-equipped laboratory, and the fumigation plant of the hospital, are valuable and help the student to apply her knowledge in a real situation. In order to conserve time and to get the most educational value from these trips, the instructor should plan the route beforehand and each student should know just what she is to look for. These may be checked on return by a quiz, or an oral or written report.

Frequent tests should be given to judge the results of the teacher's work and the student's grasp of the subject. True-false tests may be given on the previous lecture at the beginning of a class period. These are economical of class time and provide a good method of testing. As much time is spent in the proper preparation of these, they should be kept and improved upon. The case in correction compensates for the time in preparation. The final examination should cover the course but credit should be allowed for the tests during the course.

Bacteriology is a practical subject and should not be taught with the idea of a passing mark at the end of the course, but rather with the view of its application and functioning in the work of the students. Unless the main principles are stressed and overlearning provided for, and the students realise their duty in protecting themselves and those they come in contact with, a bacteriological conscience will not be one of their assets.

How Florence Nightingale's Birthday was kept in Central China

By GLADYS STEPHENSON, S.R.N.

Just one year ago four small Schools of Nursing that had functioned for many years were amalgamated into one Union School of Nursing in connection with the fine new up-to-date hospital that marks the union of the medical work being done by the London and Wesleyan Missionary Societies in Hankow.

The first group of nurses to graduate since the union was accomplished received their diplomas at the time of Florence Nightingale's anniversary. As May 12th, the actual day of her birth, fell on a Sunday, the graduation ceremony took place on Saturday, the day before, at the Community Church Hall in Hankow.

For weeks beforehand preparations had been made, invitations issued, and the nurses had eagerly looked forward to this great day which marked the recognition of past achievement and the promise of future usefulness.

The Hall was gay with flowers, and overhead hung the red and gold satin banner with the name, "Hankow Union School of Nursing," inscribed on it. To the strains of the processional, a body of sixty nurses, dressed in full uniform, marched up the aisle to the seats in front, making a very impressive sight.

The chair was taken by Bishop Logan H. Roots, and the service began with the singing of the Nurses'

hymn, "Gracious Spirit, dwell with me". The address was given by a prominent Chinese Wesleyan minister, whose splendid exposition of the ideals of a true Christian nurse was at once a challenge and an inspiration.

The diplomas, tied up with red and gold ribbon (the colours of the Nurses Association of China), were presented by a well-known lady of the community.

Some musical items, one given by a group of the nurses themselves, added much to the enjoyment of the ceremony.

At its conclusion, one hundred and fifty guests partook of the sumptuous tea contributed by the ladies of the community.

In the evening, after returning to the hospital, a Chinese feast was given to the Staff by the happy graduating nurses.

On Sunday, Florence Nightingale's birthday, the usual Sunday service was made a special occasion to commemorate the anniversary of it. The nurses in uniform filled the front pews of the church, and the Chinese preacher, taking the incident of Jesus washing the disciples' feet as his text told of the life of Miss Nightingale, which was lived in the spirit of "Him who came not to be ministered unto but to minister". He told his congregation how her work had inspired the dawn of an entirely new day in the work of nursing the sick and afflicted of the world. How this work had come with its blessing and happy influence to the Far East, and was helping young China to realise that the Christian nursing profession provided an avenue of service for enthusiastic and well-educated young people who desired to serve their country in some practical manner.

Did not the hearts of the nurses quicken with aspiration at the thought of Florence Nightingale's devoted life of service and her faithful following of God's leading? How much it has meant of blessing to the whole world, yet is it not always thus that the glad yielding of talents in the service of the King of kings makes life very rich, satisfying and fruitful—the only life that is life indeed!

(Miss Gladys Stephenson, S.R.N., is Principal of the Training School for Nurses, at Hankow Union Hospital.—Editor.)

Miss Jean Browne in Geneva

Miss Jean E. Browne, Director of Junior Red Cross in Canada, attended a Conference of the International Junior Red Cross, which met in Geneva, Switzerland, from July 17th to 25th. This Conference was especially called to discuss International School Correspondence, and also other aspects of Junior Red Cross work. Miss Browne was a member of a small consultation committee which met during the week previous to the Conference.

At the Conference Miss Browne led the discussion on, "The Health Problem as Related to Junior Red Cross."

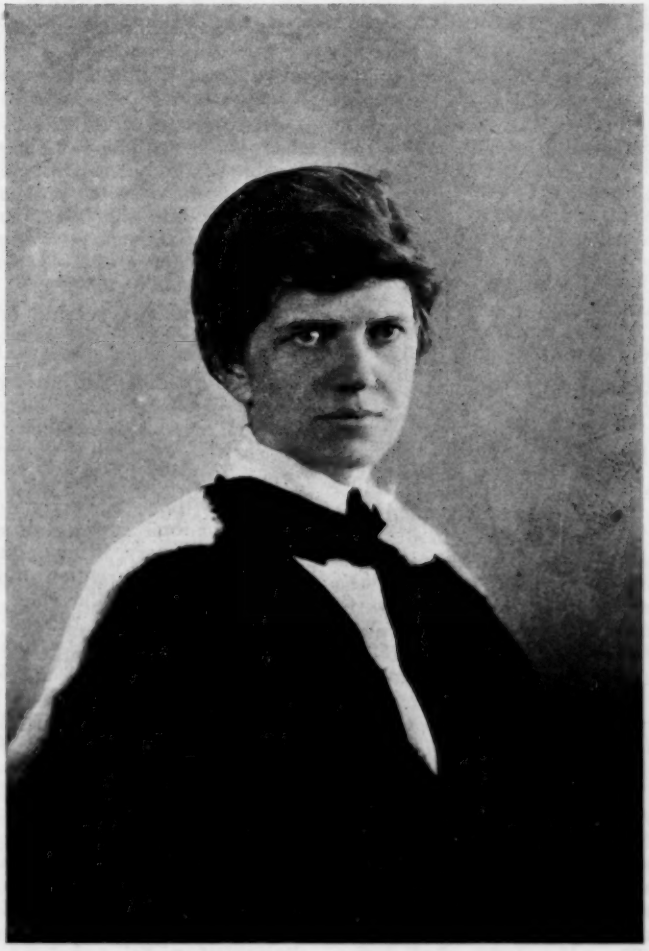
Prior to sailing for Geneva, Miss Browne attended the meetings of the Grand Council, International Council of Nurses, as one of the official delegates representing the Canadian Nurses Association.

ANNOUNCEMENT

Announcement is made of the joint meeting of the Manitoba Registered Nurses, Hospital and Medical Associations, on September 9th to 13th, inclusive, at the Royal Alexandra Hotel, Winnipeg.

Miss E. Kathleen Russell, R.N., B.A.

Miss E. Kathleen Russell, R.N., B.A., Director of the School for Graduate Nurses, University of Toronto, was among those admitted for presentation of degrees. Miss Russell gained distinction by winning the right to the degree, Bachelor of Pedagogy.



BOOK REVIEWS

This book, entitled "The Art of Bandaging," is clear, concise and practical.

From the introductory chapter on General Uses of Bandages to its final pages on Plaster of Paris splints, is given in detail the various methods, use for, and application of Bandaging, and so clearly described that the most junior nurse could read and enjoy it. It should prove useful as a reference book on the wards, and as a guide in preparation for examination.—Mary F. Bliss.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

Immunology and Prophylaxis

By Dr. W. T. SHIRREFF, Superintendent, Strathcona Hospital, Ottawa

Immunity may be defined as the power which certain living organisms possess of resisting infection; susceptibility is the contrary condition. Immunity or the resistance of the body to disease is the very foundation of preventive medicine. It is the overshadowing factor in hygiene; hygiene being the care of a person, in distinction to sanitation which deals with environment. There are all gradations and kinds of immunity, from the weakest resistance to absolute protection. It also varies in duration from the briefest period to a life span. It may be natural or acquired, active or passive, local or general, pure or mixed, family or racial.

Jenner's observation on the immunity of milkmaids who had had cowpox was instrumental in his brilliant discovery of vaccination against smallpox; but it was not until the discovery of the bacterial cause of many diseases had been proven by Pasteur, Kock, Ehrlick, and a host of other great investigators, that the raising of resistance of the body to different diseases was put on a sound scientific basis.

The relationship of bacteria to disease, and the action of, and the way by which bacteria produce disease, along with the reaction of the body to such, are the fundamental facts which form the basis of the modern methods of combating the invasion of the body by these organisms. The various ways of producing more or less complete immunity to disease are practically all based on the reaction that the various tissues of the body undergo when invaded by the miner-organism itself or when some product of such organism or protein is introduced into the body. A few definitions are necessary.

(Paper read at a meeting of District No. 8, R.N.A.O., on November 28th, 1928.)

ANTIGENS are all substances causing changes in the blood. Antigens are capable of producing antibodies. All known proteins act as antigens when introduced into the body parentally. Examples of antigens are: Smallpox—vaccine, virus; typhoid—vaccine; diphtheria—toxins.

ANTIBODIES are specific properties of the blood and other body fluids induced by antigens. They are not necessarily bodies, but physical states of the blood or other body fluids. Antibodies may also be called "immune bodies."

The fundamental process of immunity within the body must all depend on some physical or chemical change, but very little is known of the chemical composition of the substance that plays the chief role, or the physical nature of the change. Suffice to know that from experimental biology the effects are known. The changes likely occur within the body cells and are then conveyed to the blood. We speak of changes in the blood not because they actually occur in the blood, but because these changes are best represented by the blood.

NATURAL IMMUNITY is an inherited characteristic possessed in common by all individuals of a given species. For instance, man is immune to many diseases of animals: rinderpest, Texas fever, hog cholera, etc., while animals are immune to such diseases as measles, mumps, typhoid fever, gonorrhoea, syphillis, etc. Natural immunity may be broken down by various means that weaken the animal; such as, fasting, undue exposure, vitiated atmosphere, etc.

ACQUIRED IMMUNITY is a specific resistance to an infection that is not naturally inherited in all the individuals of a species but is acquired during the lifetime of the individual. It may be acquired through some natural event as an attack of the disease or artificially induced. Acquired immunity may be either active or passive.

Active immunity is induced by:

(a) An attack of the disease.
(b) The introduction of a virus.
(c) By the introduction of a vaccine.
(d) By the introduction of a toxin or other product of bacterial activity.

(a) The immunity conferred by an attack of certain diseases is quite familiar to nurses, but certain observations may be noted. Some infectious diseases such as erysipelas, septicemia, common colds, do not confer immunity, but rather the reverse.

(b) The immunity conferred by the introduction of a virus into the system is exemplified by the present day vaccination with cowpox (a modified smallpox). The same method is used for Texas fever, anthrax, rabies, etc. The virus in these cases is reduced in virulence, by passing it through an animal; by growing it under unfavourable conditions of temperature, moisture, etc. In this way, a modified form of the disease is created which gives a high and lasting form of immunity.

A distinction should be made between a virus and a vaccine; if the material used contains the living active principles, it should be called a virus; if the material is dead it should be called a vaccine. Most bacteria have adapted themselves to a definite mode of entry into the body and if introduced any other way, fail to gain a foothold. For instance, we know that if typhoid bacilli are introduced to the body in any other way than by the stomach, typhoid fever will not result. Smallpox is a great deal more virulent if introduced in the regular way, by the nasal mucous membrane than by inoculation. The organisms of septicemia and tetanus may be swallowed with impunity but if introduced hypodermically, it is another story. Advantage is taken of this to confer immunity in some diseases.

(c) BY THE INTRODUCTION OF A BACTERIAL VACCINE. The immunity produced by the introduction of a vaccine into the body corresponds precisely to the immunity acquired by the introduction of a virus, the only difference being that the living virus produces a more lasting and higher degree of protection.

Vaccines are usually prepared from a fresh 24 hour culture of the micro-organisms grown on agar. The organisms are killed by subjecting them to a temperature of 60 degrees for one hour. A high heat is undesirable for the reason that it coagulates the albuminous materials in the bacterial cell. Preventative inoculation with such vaccines are now much practised in typhoid plagues, and Asiatic cholera, These vaccines are standardised by counting the cells of the blood. The dose is determined by the number of dead bacteria in a given amount.

(d) TOXINS. A toxin is a specific poison elaborated by bacterial metabolism. It is soluble in water, poisonous in minute amounts when given hypodermically and produces antibodies; namely antitoxins. They are known only by their effects on animals. They have never been isolated in pure form. They are destroyed by heat. Few bacteria in propagating produce true toxins. Diphtheria, tetanus and botulius are the common ones.

A great many of the other common diseases do not produce true toxins but do produce other poisonous products of bacterial activity such as acid, alkali, nitrates, etc. If all communicable diseases produced true toxin it would be quite simple to produce antitoxins to combat them, but unfortunately they do not. Some organisms produce a double toxin, as in diphtheria, where we can separate the toxin from the anatoxins or toxoid.

Toxins affix themselves to the different cells of the body but different toxin seems to have a particular affinity for particular cells, thus diphtheria attacks the axis cylinders of the nerve cells, producing paralysis; while tetanus attacks the cells of the anterior root of the horn. But what I wish to impress is that the toxin once affixed to the cell is not dislodged by the antitoxins. That is the reason for the early use of antitoxins in treatment.

Toxins produce immunity by generating antitoxins. As a rule they do not produce as much local reaction as vaccines, and like vaccines they have to be given in successive doses at varying intervals.

Modern methods of inducing immunity in different ways is well illustrated by the procedure followed to protect against certain diseases:

SMALLPOX.—In vaccination against smallpox, an attenuated virus is used. In these cases a live virus is used, which is introduced intradermically. After a period of incubation a local and systematic reaction takes place, with the result that antibodies are produced. Only one inoculation is necessary to produce the desired result, and the immunity produced is both lasting and positive. In a personal observation of thousands of cases I have yet to see a case of smallpox in any person successfully vaccinated within 10 years.

DIPHTHERIA.—It was some years after the discovery of antitoxins before a method of producing a more or less permanent immunity to the disease was devised. At first an effort was made to produce immunity in the same way that antitoxin was produced, by the injection of the toxin. But this was found to be too dangerous. Later, the use of what is called toxin-antitoxin was devised. Antitoxin being a mixture of toxin and antitoxin in which the toxin was almost wholly neutralized by the antitoxin.

In inducing immunity to diphtheria by this method the procedure is controlled by the Schick Test in children over seven years of age. Under six years, the Schick Test is not necessary. This is especially important in adults as rather severe reactions may be encountered. Three injections are given at intervals of a week to ten days, the last two being twice the strength of the first. The immunity created has been found to be about 80% perfect and lasts some years.

More recently, advantage has been taken of the fact that the diphtheria toxin can be divided into the poisonous toxin and the non-poisonous toxoid or anatoxin. The method of separating the diphtheria toxin from the anatoxin has been carefully worked out by the Pasteur Institute in Paris, and a substance obtained which has all the antitoxin producing power of the combined toxin, but is non-poisonous. It also has the advantage of being more stable than the toxin-antitoxin, retaining its antitoxin producing qualities for years. In most cases only two injections of this product are necessary at an interval of three weeks. In exceptional cases a third injection may be required.

In an admirable paper published in the October 6th, 1928, number of the journal of the American Medical Association, Ramon, of Paris, gives a summary of the results obtained in France by the use of this product. Briefly they find that 85 to 90% were immunized by two injections, and 90 to 100% by three. He says, "To date, August, 1928, over a million injections of antitoxins have been given with no serious accidents. Generally speaking, 20 to 40% show very slight reactions, 10 to 15% fair reactions, and 1 to 5% strong reactions. In all cases the reaction being due to protein and not from toxin content.

In contaminated areas, where persons have already been exposed to diphtheria, it is advisable to give a dose of 100 units of antitoxin along with anatoxin. The anatoxin should be given a few minutes before the antitoxin; the subsequent dose or doses of anatoxins being given as usual.

TYPHOID FEVER—As typhoid bacilli in propagating do not produce a soluble true toxin, another method

must be used to produce immunity. In this case the whole killed bacilli, are injected in the form of a vaccine. The dose used is 500,000,000 the first injection, and 1,000,000,000 for the next three. The injections are given at weekly intervals. Both local and systemic reactions are common, but are never serious.

The protection afforded has been found to be uniformly good, but it deteriorates, and should be repeated in from one and a half to two years. The results of inoculation in the last war were absolutely conclusive.

RABIES.—Pasteur's discovery of a means of protecting persons infected with this fatal malady by gradually raising their resistance to the disease during the incubation period, has certainly released this disease from its former terrors. Resistance was produced by injecting daily a freshly prepared emulsion of a virus of gradually increasing virulence. This necessitated the patient in most cases visiting a central laboratory for treatment. The doses were numbered, and had to be given fresh and in proper sequence. Recently the method has been improved and now, 16 to 21 injections are given, all of equal strength; the complete amount required for immunisation being supplied free in one package by the provincial laboratory.

SCARLET FEVER, ACTIVE IMMUNIZATION.—Soon after it was generally accepted that the "Dick's" had satisfactorily proven that a form of haemolytic streptococcus was the specific factor in the system complex known as scarlet fever, efforts were made on the basis of experience in creating immunity to other diseases, to create an active immunity to scarlet fever. First it was necessary to devise some method of ascertaining the susceptibility, or otherwise, of the human subjects to the disease. It was natural to proceed much in the same manner as had been done by Schick in testing susceptibility to diphtheria. After some experimentation, a method was devised by Dick. It consisted of the intradermal injection of 1–10 c.c. of 1-2000 dilution of a standard scarlet fever toxin. In susceptible cases a reaction occurred at the seat of injection, much in the same manner as the Schick, with certain modifications: as in the Schick. This could also be used as a control to the effectiveness or otherwise of active immunisation.

It was also necessary to devise some way of measuring the strength of the toxin. It was decided to measure it in multiples of the amount of toxin required to produce a typical reaction in a susceptible subject. That was called a unit. So the strength of a given amount of scarlet fever toxin is shown as so many Skin Test Units.

Efforts were then made to produce active immunisation by the injection of gradually increasing strengths of toxin at stated intervals; small doses were used at first, and three injections only were given. It was soon found that the immunity thus conferred was both unreliable and fleeting, so both the strength and the number of injections were cautiously increased in an endeavour to secure more lasting protection, if possible.

The procedure in vogue in different places is now as follows: The Provincial Board of Health of Ontario, recommends five injections at weekly intervals.

First—350 S.T.U.
Second—1,000 S.T.U.
Third—2,300 S.T.U.
Fourth—5,000 S.T.U.
Fifth—10,000 S.T.U.

Park, of New York, advocates five injections:

First—500 S.T.U.
Second—2,500 S.T.U.
Third—7.500 S.T.U.
Fourth—15,000 S.T.U.
Fifth—25,000 S.T.U.

Dick, of Chicago, gives in all, 100,000 S.T.U. in five injections, the last dose being 50,000 units.

The effectiveness of the immunity conferred is tested some two weeks after the last injection by the Dick test, and if not complete, another injection of the maximum dose is given. Dick claims that the immunity conferred is active for at least two years.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Mental Health in the School

By E. de V. CLARKE, Reg.N., Supervisor Mental Hygiene,
Department of Public Health, Toronto

In discussing the mental health of children one must go back to the pre-school days at least, for it is then that the foundations are laid. Miss Davidson in her paper has spoken of the need of educating parents, and the establishment of good routine habits, and I have been assigned the question of the school child.

The mental health of the school child could be discussed from half a dozen angles, but I will only attempt to touch on a few high spots in a very sketchy manner.

The old saying "Train up a child in the way he should go and when he is old he will not depart from it" is as true today as it ever was, and the earlier a systematic training is begun the fewer failures and misfits will result. A good start in school means fewer truants, delinquents and maladjusted pupils in the upper grades.

Until fairly recently little thought was given to this phase, nor was it realised that from the standpoint of both child and school, it was economical to straighten out difficulties at the beginning of the pupil's career, because the problems of the younger children are easier to clear up than the more fixed behaviour of older children. also because the school is spared waste and cost of its efforts through failure of the child to later live up to his capacity for good work and acceptable behaviour.

When a child enters school he has tremendous adjustments to make. He must learn to accept authority, the competition of other children, and to find satisfaction in doing things for himself. So often, until he starts school, the child has lived in a small world where his own wants were paramount, where most things were done for him, where the protective love of his parents had surrounded him. Then suddenly he finds himself in the impersonal schoolroom and he is overwhelmed by this strange new environment. Here he is only one of many, his own achievements aren't immediately applauded, his demands not catered to, and he has to share the teacher's attention with 40 others. His sense of security is undermined and he is apt to regard his classmates as interlopers whom he attempts to dispose of by the only means he knows—kicking, scratching or screaming—that is his frantic effort to wipe them off the map.

This initiation is a critical point in his career. If forced into submission, it may leave him with an all time unhappy sense of injustice and discrimination. A wise and understanding teacher, however, doesn't use force, although exercising a gentle firmness, she teaches him the satisfaction of doing things for himself, and the joy of doing them well so that he gradually regains his feelings of security from these accomplishments of his own, and is not forced to rely so greatly on personal relationships as he has been doing at home. You must not let a little child get a firmly established feeling of inferiority in his first school contacts—it makes a disastrous handicap.

It is so necessary that a kindergarten and a first grade teacher be a person of great understanding and patience, so she will regard the beginner's attitude as a problem calling for as much time and skill on her part as the problem of teaching him academic work. She has the oppor-

tunity of helping him to discover that authority is not an attack on his personal rights, and a loss of approval and love, but that it is something desirable and necessary for his own good.

Often the teacher has to counteract the influence of a home situation from which many of the child's difficulties spring. It may be there is over-indulgence, discrimination, excessive discipline or lack of it, etc. If the problems of the beginner can be wisely dealt with by a teacher who has a broad interpretation of her job and lifts it out of the routine of simply trying to force the 3 R's into bewildered little brains, she soon acquires an increasing grasp of the most probable causes of classroom problems, and the bugbear of discipline is not to the fore.

It seems obvious that it is necessary to seriously consider some changes in the training not only of teachers but of nurses as well. Both, it seems to me, require very badly to be taught something about the fundamentals of human behaviour; how to recognise and deal with their own personal problems (for who hasn't personal problems?)—and how to approach and help others, through the knowledge gained in realising and overcoming their own. It is a most fascinating and satisfactory subject to study.

Often objectionable and queer conduct in children is due partly to fear. In his confused effort at defense against fear a child may become indifferent, insolent or aloof. The child's fears are specific, not general—that is, a child is not generally afraid, but afraid of a specific object or timid in a specified situation. Doctor Linehan, of Teacher College, Boston, in his book "Training the Emotions Controlling Fear," cites the case of a little girl continually warned by her mother against losing her hank e. The youngster developed undue caution amounting to senseless fear of losing her hankie. She was not a fearful child, but one incessantly and excessively worried by this fear. In time the fear extended to other objects. Through the laws of association her impulse of fear attached itself to similar objects and she soon showed something approaching general fear of losing her possessions— this fear extended to one entire class of objects —those things handled and from time to time laid aside. She had no fear of animals, rough playmates or the forces of nature. Fears such as hers are developed through suggestion.

A teacher recognising that fears are acquired and frequently in pre-school days, uses all corrective and remedial measures. She tries to anticipate and prevent them.

"Fear," of course, is far too big a topic to do more than touch on here.

In the January, 1928, issue of Mental Hygiene, there is an article on "School Room Hazards to the Mental Health of Children." The opening statement is "not all is well with the school child of today. There are hazards that threaten his mental health, and these hazards are certainly on the increase." The writer regards speed as one of the greatest of the hazards. The school supervisors require speed of teachers, and they in turn hold the stop watch, so to speak, on the child. Educators have assumed that the way to speed in performance of school work is to force the pupil to hurry—he must learn certain things by a certain date—and the child who can't learn fast is decidedly out of luck. A great many times the nervous system of both child and teacher cracks under the strain. The aim, of course, is to standardise the best in good teaching, and to help the teacher, but in practice their efforts do more harm than good. One reason children work so slowly is because we try to make them work so fast. If emphasis is put upon accuracy, and the learner has a comfortable atmosphere to work in, speed is sure to follow.

Probably you feel there is over much about the teacher and very little about the nurse so far; but in considering this question, the teacher, who has the oversight of the child

for so many hours of the day, is bound to play a prominent part. However, the school nurse has her role, and an important one too. She is the link between the home and school. She has the entree to the home, and can by her tact and insight, bring to the parents understanding of the child's problems and help smooth out many wrinkles. She interprets the home to the school and the school to the home, so that there may be harmony and co-operation instead of misunderstanding and conflict. Parents are so prone to blame the teacher if a child does not progress; in a few cases this blame may be deserved, but more often it is not, and parents certainly do not help matters by audibly and visibly siding with their child, fostering this idea in their mind instead of trying to get to the bottom of the trouble, facing the facts and helping to surmount them.

There are a few things to keep in mind when dealing with children. They are everyday common sense things—we all know them and practice them — when we don't forget.

1. Never tell a child he is nervous, delicate or temperamental. Just what constitutes a "nervous child" no one seems quite sure, although one hears of them daily—the best medical science of today denies the existence of such a child, but it does find that the so-called nervous child is usually the victim of parental ambitions or over-solicitude or unwholesome stimulations of family environment and struggle to keep up with the Joneses.

2. Don't discuss your own or other people's pains, aches or pet ailments in a child's hearing. They are bound to copy and use them as an excuse for avoiding to do things they don't like.

3. If a child habitually sulks or pouts don't argue or punish, or scold or try to divert his attention through bribery. Such tactics only direct attention and consideration to him, which is what he wants. Ignore him absolutely until he snaps out of it.

4. Never make a promise to a child which you have no intention of keeping, whether the promise be a punishment or a treat, make good your promise.

5. As a child grows older and asks reasons for this or that, give him a frank and direct answer, but don't argue for argument's sake.

6. Don't nag a child to sit still, stop wiggling or what not. A child can't sit still long, and if he has something to do, he will be too busy to wiggle or sniff or otherwise annoy.

7. Before giving a child a command, first make sure you have his attention—if he is playing hard very often it doesn't really penetrate. But once sure you have his attention, see that the child obeys then and there. He soon learns you mean business when you speak.

8. Don't try to do a child's thinking for him, or to make all his decisions, but rather help him to learn independence and to meet difficulties squarely, to repress undesirable tendencies. Repression of a certain kind is something we all have to learn as part of our development as social beings.

10. Always remember a child is an individual with rights which must be respected, but he must be taught in exchange to learn respect for the rights of others and the authority of those over him.

In the Division of Mental Hygiene, in the Department of Health, to which I belong, we see a great many children in the course of a year, and they are of all ages and sorts, with many varieties of difficulties. During the first few years we were, unfortunately, forced by circumstances to confine our efforts almost entirely to dealing with the feeble-minded and much retarded child. This gave most people the idea that "mental hygiene" covered only this type of work, rather than it meant preventive work. Many got the notion firmly planted in their minds that a psychometric test carried the so-called stigma of mental deficiency, and so many urgent cases were not presented. However, this attitude has

been surely, if slowly, overcome, and now we get an overgrowing percentage of children with behaviour difficulties and what-not, as well as those who are not progressing. Many parents now seek advice of their own accord and accompany their child on his visit to the psychiatrist so they can talk over the trouble. They show a genuine desire to learn what is wrong, and to do their part in solving the problem. When necessary our psychiatric children's worker takes over the case for intensive and highly specialised work for a period before handing it over to the school nurse who could not devote the same amount of time and study to it.

Altogether the outlook in Toronto, at least, seems more hopeful now than ever before.

Mental Health in the Nursery School

By JOYCE DAVIDSON, Reg.N., Department of Public Health, Toronto

One frequently hears it said that too much stress is now being laid upon the education of the pre-school child: that the nursery school is too much of an innovation, and too experimental at the present stage. But surely all education is, or should be, experimental to some extent. And as to its being an innovation, let me quote from Professor Lodge's recent work on Plato. He describes Plato as beginning his outline of education with a discussion of pre-natal conditions, going on to emphasise the kind of treatment required by a child during the first three years of his life and stating that "the tendency to cry whenever a child is afraid or wants anything, may easily, if unchecked, lay the physical foundation for dispositions, which if further developed will become the vicious habits of excessive timidity, garrulousness and bad temper."

The nursery school movement proper began in England with community service as its basic ideal. In the United States the research side was stressed, and the present trend in Canada is towards a combination of these objectives. We believe that by endeavouring to develop and foster in little children those characteristics which will help them to become successful members of the society to which they belong, we are laying the foundation for an improved community life in the future. In the present, we are providing a stage-setting, suitable to meet the growing child's need for both mental and physical development. Growth is a dynamic process and its evaluation in terms of what it brings of satisfaction and fulfillment to the individual growing must be repeatedly emphasised. Education has not yet quite outgrown the point of view that the function of the school is primarily to prepare children for a future in which the activities made possible for them should have value in adult terms. In other words, it has been looking for a product that would be valuable not primarily to the child in the process but to society in its final stage.

Let us divide our subject into three parts in order that we may be quite clear as to exactly what it is that we are trying to do:—

1st—Child Study.
2nd—Parent Education.
3rd—Child Training.

1. Child Study: The nursery school is used partly as a laboratory, affording scientific and trained workers an opportunity of observing children in a controlled environment as nearly as possible approaching the ideal. The children are observed, not in any artificial or distorted situation but in the normal routine of playing, eating and sleeping.

2. Parent Education: The programme for parent education might be divided into two parts—(a) Study Groups, and (b) Demonstration.

(a) As a means of leading parents to a better understanding of child behaviour, the results of studies made in the nursery school and any accepted ideas of training based thereon

are presented to the mothers at study groups or classes. These classes afford an opportunity for discussion and exchange of theoretical and practical methods being used by the mothers themselves.

(b) By using the nursery school as a demonstration centre where the mothers may see with their own eyes and be convinced, in order that they may carry into their homes the practical methods they have witnessed. To quote Winifred Rand, "the parents may, in the nursery school, see children freed for self-expression and yet learning self-control; freed for self-development, yet learning self-responsibility; respected as individuals, and yet learning to respect the rights of others. And the parents, seeing these things learn that the child at home may, much more often than they have thought, have the opportunity of choice, go through days with much less direction and may be counted upon to do much more for himself than they had thought possible. They also see methods practised successfully which had not occurred to them as practical or feasible, and they begin to understand that back of these methods are underlying principles which can be the basis for their own practice at home.

3. CHILD TRAINING: In the nursery school, this living and learning place, the child's physical well-being receives the same care and consideration that is given his social, mental and emotional well-being. *Mens sana in corpore sano* is the motto, and we find that mental superiority is far more likely to be healthy and stable if accompanied by physical health. So, a sound body, happily habituated to a healthful routine is of the utmost importance. A race of children with such a start in life should make impossible an army of neurotic adults, crystallised into habits of unhealthful eating, drinking and sleeping with all their accompanying ills; and time therefore spent worrying about symptoms and treatments would be freed for more constructive purposes.

In an adult environment such as the ordinary home, the physical, social and economic environment surrounding children is administered by beings whose background, interests and standards of conduct are totally foreign to those of children. The nursery school is an attempt to scale civilization down to the child level in its behaviour demands, and to open up wider opportunities for active exploration than an adult world can afford. Here we have toys on shelves easily within reach of small hands and equally easy to replace when playtime is over, toilets, basins and taps are likewise suitable in size for little people to use, and tables and chairs are made so that they can sit with their feet comfortably on the floor. In learning to eat and drink after the manner approved by society it is probable that milk and food of various sorts will sometimes be spilled and this is considered in the choosing of the floor-covering for the room that is to be used as a dining room. In this way the nervous tension frequently seen at meal times and partly caused by fear of the spoiling of a good rug is obviated, and the child has an opportunity to learn to eat acceptably in a place where he himself can quite easily get a cloth and wipe up anything that may, inadvertently, be spilled. In choosing all our materials for work and for play we try to avoid those that prove to require in their use adult supervision beyond what is needed to safeguard a child's initiation to them.

So we see that the aim and object of all workers in nursery schools, be they parents, nurses or teachers is one—the mental health of the child. And this, as Dr. Blanton says "is no God-given faculty. It is the successful adjustment of the individual to his environment . . . and successful adjustment is not taught by word of mouth but by the logic of the situation. Adjustment is pragmatic; if a thing works it becomes incorporated in the being who worked it. If it is socially acceptable in the broad sense, the result is good mental health; if it can not be tolerated by society it is bad mental health." . . . And such education must begin at birth.

Public Health

During the annual meeting of the Canadian Medical Association, held in Montreal, June 18-22, 1929, the Public Health Section of that Association held a number of joint meetings with the Canadian Public Health Association and the Canadian Social Hygiene Council, both of which held annual meetings during the same week.

Headquarters for these three Associations were at the Windsor Hotel, where there was also a most attractive exhibit.

The sessions which were well attended dealt with many public health and social hygiene problems and questions. As one followed each session it was realised that in all parts of Canada, medical men and nurses are actively engaged in promoting the development of health, hygiene and sanitation; as well as devising means by which the public, singly and in groups, may become interested in and better understand these subjects as they affect themselves.

The Public Health Nursing Section held one session at which the chairman, Miss Edith B. Hurley, of Montreal, presided. Subjects presented at this session were: "The Problem of Securing Recruits for the Public Health Nursing Field," by Miss Elizabeth L. Smellie, Chief Superintendent Victorian Order of Nurses for Canada; "Some Aspects of Industrial Nursing," by Miss Dorothea MacDermot, Industrial Nurse in charge of the Health Department of the National Breweries Limited, Montreal; and "The Public Health Nurses of the Division of the Hygiene of Infancy, Public Health Department of Montreal," by Miss Marie Roy, nurse in charge of the Division of the Hygiene of Infancy, Public Health Department, of Montreal.

An interesting discussion followed, which was led by Miss Blanche Lecompte, Nurse in Charge of the Health Department of the Frontenac Breweries, Montreal.

Nurses' Bulletin

Just recently three copies of the Public Health Nurses' Bulletin, issued yearly by the Provincial Board of Health of British Columbia, have come into my hands. From Dr. H. E. Young, their Provincial Health officer, we learn that contributions come from any or all of their fifty-one nurses. That they are expressions of the nurses' own enthusiasm and progressive view-points, the reader appreciates for herself.

The editorial in the April, 1929, number presents the need for that "mental fitness" for the pioneer nurse which avoids a feeling of isolation and intellectual loneliness. Judging from the articles read we would surmise that the organisation in British Columbia has been planned to that end, and their nurses, with widely diverse fields of activity, are able to maintain a community of interest.

In the field of analysis we read articles discussing the value of group health teaching, community attitudes to curative as against public health service, or others evaluating the results of school nursing. In the field of development and progress one reads articles about spade work being done in a pioneer district, the organisation of a piece of public health work in a rural district, and so on.

A bulletin of this character must have, in addition to the binding together of the interests of the workers, a future historical value. To those of us outside the province the development of the work is of great interest, and of certain value in its possible application to our own field.

News Notes

ALBERTA

UNIVERSITY OF ALBERTA HOSPITAL, EDMONTON: Miss Alice Mary Olds (Toronto General Hospital), has accepted a position on the staff.

CALGARY: Misses E. McPhedran, S. MacDonald, H. Ash, G. Hill, L. Peat, M. Lovell and J. McGowan are among the nurses who attended the International Congress of Nurses in Montreal.

NEW BRUNSWICK

The annual meeting of the New Brunswick Association of Registered Nurses will be held in Saint John, on September 17th and 18th, 1929.

SAINT JOHN: A committee of the Saint John Chapter of Registered Nurses held a most successful bridge at the residence of Mrs. F. W. Barnhill; the proceeds of which are to increase the Stamers Memorial Fund for the purpose of furnishing a ward for boys in the new General Hospital.

GENERAL PUBLIC HOSPITAL, SAINT JOHN: Miss Margaret Murdoch, superintendent of nurses, is spending her vacation in Toronto, and will also attend the International Congress of Nurses at Montreal.

Miss Sidonna Wetmore (1927), has accepted a position on the staff of the Victoria Hospital, Fredericton, N.B.

SOLDIERS MEMORIAL HOSPITAL, CAMPBELLTON: Graduating exercises were held in the High School, June 11th, six nurses graduating. The large number of friends and relatives very much enjoyed the splendid address given by Dr. W. W. Chipman, of Montreal. A violin solo by Miss Ruth Anslow, and a vocal solo by Mrs. W. A. Fitch added greatly to the programme.

On June 10th the graduating class was entertained at a most enjoyable dinner given by the Alumnae.

NOVA SCOTIA

HALIFAX: The annual meeting of the Halifax branch of the Registered Nurses Association was held at the Dalhousie Public Health Clinic, June 25th, 1929. Following the business meeting, Miss Gladys Strum, president, gave a very interesting talk on her recent visit to the various hospitals and clinics in the United States, made possible by a Rockefeller Fellowship.

Miss Eileen Boland sailed on the "Nova Scotia," June 29th, for her home in Ireland.

Miss Eulah Armstrong, of Sydney, graduate of the New England Hospital, Boston, is spending the summer at her home.

Miss Helen Hoyt, of Middleton, graduate of the Rhode Island Hospital, Providence, R.I., is visiting at her home.

Miss Mary MacGillivray, of Antigonish, has accepted a position on the staff of the Carney Hospital, South Boston, Mass.

The sincere sympathy of many friends is extended to Miss Catherine MacDonald, Bridgeport, in the great loss of her mother, Mrs. Neil MacDonald; and to Miss Claire Otto, Dartmouth, in the death of her father, Mr. Pius Otto.

ONTARIO

Paid-up subscriptions to "THE CANADIAN NURSE" for Ontario in July, 1929, were 1,203. Forty-one more than previous month.

APPOINTMENTS

Miss Beulah Burleigh (Kingston General Hospital, 1921), to the staff of the Kingston Penitentiary.

Miss Mary Turner, who has recently completed a course as instructor at the School for Graduate Nurses, McGill University, has been appointed instructor at the University Hospital, Edmonton.

Miss Kathleen Frizelle (Ottawa Civic Hospital, 1929), to the staff of the Shriners Hospital, Montreal.

Misses Marion Lavis, Mabel Casselman, Alma McLeod, Jean Craig (Ottawa Civic Hospital, 1928), to the staff of the Anson General Hospital, Iroquois Falls, Ont.

DISTRICT 1

PUBLIC GENERAL HOSPITAL, CHATHAM: The annual commencement exercises of the Training School were held on June 4th, when nine nurses received their diplomas.

Miss Florence Emory, Assistant Director of Public Health Nursing, University of Toronto, delivered a very delightful address stressing the importance and benefits to the graduate nurse of active membership in the Alumnae Association of her own school and the Registered Nurses Association of Ontario. After the exercises the nurses and their friends were entertained at a reception and dance held in the Nurses Residence.

Among those to attend the International Congress in Montreal from Chatham were Misses P. Campbell, F. Murray, G. McKerracher, Amy Coll, Mima Coll, Edna Orr, and Annie Head.

DISTRICT 2

The quarterly meeting was held at the General and Marine Hospital, Owen Sound, and was well attended, a large number motoring from Brantford, Simcoe and Galt.

Miss Buck, president, was in the chair. An interesting report of the Kingston Convention was read by Miss Jamieson, superintendent, Galt General Hospital. A letter of introduction for the discussion of group nursing at the October meeting which will be held in Kitchener, was given by Miss J. Davidson.

General Hospital, Brantford: The graduating exercises took place in the Collegiate Institute on June 19th, nineteen students graduating, all with first class honours.

A delightful dinner-dance was held June 12th at the Brantford Golf and Country Club by the Alumnae, in honour of the graduates. An interesting toast list was a feature of the affair. Roll call was responded to by greetings to the 1929 graduates and by a member of each class since 1913. Following the dinner the remainder of the evening was spent in dancing.

The annual meeting of the Alumnae was held June 13th, in the Nurses Residence with thirty-six members in attendance. The officers for the ensuing year were elected. It is interesting to note that the membership has doubled during the last year due to the efforts of Miss Helen Potts. A very interesting illustrated address on the History of Nursing was given by Dr. J. E. Carson.

On June 18th, there was a happy gathering at a dinner given by the staff in honour of Miss K. Haycocks, who is retiring after twelve years faithful service. She was presented with a beautiful travelling clock, and an illuminated address. A presentation of a bag was made to Miss Mary Wilson, who has been supplying for the past year. A miscellaneous shower was also tendered Miss K. Charnley on leaving for a three months' trip to Europe. After dinner a motor drive and theatre party brought a greatly enjoyed evening to a close.

District 4

General Hospital, Hamilton: The annual dinner of the Alumnae given in honour of the graduating class of 1929, took place in the Royal Connaught Hotel on May 31st, and proved to be a most delightful affair. Miss Cora Taylor, president, welcomed the new graduates and voiced the hope that they would all become loyal and faithful members of the association. Mr. Roy Fenwick conducted the community singing and Miss C. Currah contributed vocal solos which were enthusiastically encored. Miss Rayside spoke briefly, directing her remarks to the graduating class and announced the names of those who had won prizes and scholarships for the year.

Rev. Wm. Barclay, the special speaker for the occasion, laid emphasis on the value of the discipline of nursing, and extended his sincere good wishes to members of the class stating that no other profession for women stands so high.

Miss Muriel Booker (1922), is on the staff at Sea View Hospital, Staten Island, N.Y.

Miss Ivy Bannister (1922), is in Long Island, N.Y.

Miss Margery Baxter (1922), is in Buffalo, N.Y.

Miss Ketchen has gone to make her home with a sister in Cambridge, Mass.

On May 11th, the Mutual Benefit Association held a bridge which netted about $50.00 for the Association.

St. Joseph's Hospital, Hamilton: The graduating exercises were held at the Nurses Residence on May 11th, at which sixteen nurses graduated. Addresses were given by Right Rev. Msgr. F. F. Blair and Mayor Burton.

General Hospital, St. Catharines: Colonel and Mrs. R. W. Leonard have given a scholarship again this year to a graduate of the Hospital for a year's course at the University of Toronto, in Public Health Nursing. The award was made to Miss Esther Hanna, of Kirkton, Ontario, who has been night supervisor since Feb., 1928.

District 5

Connaught Training School for Nurses, Weston: The annual meeting of the Alumnae was held at the Toronto Hospital, at Weston, on June 7th. The officers for the year 1928-1929 were re-elected by acclamation for the year 1929-1930, and are as follows: Honorary president, Miss E. MacPherson Dickson; president, Miss L. M. Smith; vice-president, Miss E. Robertson; secretary, Miss Ruth MacKay; treasurer, Miss Clara Foy.

St. Michael's Hospital, Toronto: The Alumnae held an enjoyable reception on June 29th in honour of the graduating class and also to celebrate the twenty-fifth anniversary of the association. Miss Essie Taylor, the president, the sister superior, and the superintendent of nurses received the guests. Flower-decked tables and an orchestra added to the pleasure of the occasion. The graduates were received into the Alumnae, and this was followed by an entertainment.

General and Marine Hospital, Collingwood: The annual meeting of the Alumnae was held May 31st. Election of officers for the ensuing year are: President, Miss M. Geddes; vice-president, Mrs. Wm. Hicks; secretary, Mrs. Chester Lee; treasurer, Mrs. C. Agnew.

The official opening of the new McCarthy Memorial wing was held May 11th. Mr. Leighton McCarthy, the donor, unveiled the tablet and made the formal presentation. A number of short addresses followed. Tea was served in the Nurses Residence.

Grant MacDonald Training School for Nurses, Toronto: On May 21st, the graduating exercises took place of the 1929 class of the hospital. Prizes were given to: Miss Ida Weeks, gold medal for highest standing in examinations and general proficiency, also Miss Coulter's prize for highest standing in dietetics; Miss Helen MacPherson, gold piece for second highest standing in examinations; Miss Mary McCullough, gold piece for third highest standing in examinations; Miss Evelyn Stinton, Mrs. Hamilton's prize for neatness and general proficiency. The other graduates were: Misses Rhoda Irene Law, Christena McCallum, Dorothy Hay Hartley, Mary Margaret McDonald, Sadie Templeton McLaren, Mary Isabel Lucas, Marjorie Suzanne Mor-

gan, Florence Marguerite Hamilton, Frances Victoria Fawley, Ella Mildred Gordon, Evelyn Eileen Osterhout.

This was followed by a reception and dance in the drawing room of the hospital.

DISTRICT 7

GENERAL HOSPITAL, KINGSTON: The Alumnae held its last meeting for the summer on June 12th. After a short business meeting, a social evening was spent. The members of the recent graduating class were guests of honour.

Miss Irene Breckenridge (1928), is on duty at the Eastern General Hospital, Toronto.

Miss Miriam Michell (1926), has returned to Ann Arbor, Mich., where she has a position in the University Hospital.

Misses Thelda McAdoo (1922), Aletha Hatton and Gertrude Palmer (1929), are doing general duty at the Nyack Hospital, Nyack, N.Y.

Miss Viola Boulette (1929), is doing general duty at the Eastern General Hospital, Toronto.

Miss Mabel Bonter, on the staff of the Hospital, who has been seriously ill with pneumonia, is now convalescing at her home in Trenton, Ont.

Miss Inez Stoodley (1926), is on duty at St. Luke's Hospital, New York City.

DISTRICT 8

OTTAWA: To Ottawa nurses was accorded the great honour of being hostesses to the members of the Grand Council of the I.C.N. on the occasion of their brief visit to Ottawa on July 3rd.

Arriving by special train from Montreal at noon the visitors were met by a large number of Ottawa nurses, and after they had been welcomed by the civic authorities in the rotunda of the station, all proceeded to the Parliament Buildings where official welcome on behalf of Canada was extended by the Right Honourable W. L. McKenzie King, Prime Minister. Present also on the Hill to join in greeting the nurses were official representatives of the various embassies and consulates, together with heads of national women's organisations.

A brief tour of the buildings then took place, after which the distinguished visitors were guests of the Right Honourable George P. Graham, president of the Victorian Order of Nurses for Canada, and Mrs. Graham, at the Country Club.

In the afternoon a drive around the city was conducted by the members of the medical profession of Ottawa. The visiting nurses were entertained at tea by Sir William Clark, High Commissioner for the United Kingdom, and Lady Clark, the Hon. Wm. Phillips, Minister for the United States, and Mrs. Phillips, the Hon. Jean Knight, Minister for France, and Mr. Li Tchuin, Counsel-General for China.

A banquet at the Chateau Laurier, given by the graduate nurses of Ottawa concluded the day's programme. Miss Garvin, chairman of District No. 8, in her address of welcome referred to the pleasure it gave Ottawa nurses to entertain for even so brief a time their distinguished sisters in the profession. Miss Garvin paid tribute to the memory of Baroness Mannerheim, Sister Agnes Karll, and Miss Flora Madeleine Shaw, great leaders of the profession who have passed on since the last meeting of the Congress in Finland.

Greetings were conveyed to the visitors in French by Miss Robert, assistant night supervisor of the Ottawa General Hospital, and in German by Miss Marjorie Robertson (Toronto General Hospital, 1923), of the staff of the Royal Ottawa Sanitorium.

Miss Hersey, president of the C.N.A., spoke briefly. Miss Nina Gage, president of the I.C.N., after replying to the addresses of welcome conducted a roll call by countries.

The visitors received a rousing send-off by Ottawa nurses as their special train pulled out at 9.00 o'clock. The day, though short, had been one of great pleasure and profit to those fortunate enough to be hostesses on this occasion.

CIVIC HOSPITAL, OTTAWA: Miss Lera Berry (1927), is substituting on the third floor for the summer.

Miss Ina Woods, night supervisor of the Maternity Floor has left for a trip to Europe accompanied by Miss Lois Aylen (1926).

LADY STANLEY INSTITUTE: A special meeting of the Alumnae was held on June 10th at the home of Miss Mary Slinn. Arrangements for the entertainment of the Grand Council of the International Council of Nurses on July 3rd were discussed.

DISTRICT 10

The monthly meeting of District No. 10 was held on June 6th, in the Nurses Home of the McKellar-General Hospital, Fort William. The speaker of the evening, Mr. J. J. Flanagan gave a very interesting talk on California. Mrs. McGowen's beautiful singing was much enjoyed by her audience. The meeting adjourned until the second Thursday in September. Refreshments were served by the McKellar nursing staff.

On May 31st, the Thunder Bay Medical Society, of Fort William, entertained two very distinguished European physicians, Dr. G. B. Roatta, of Florence, Italy, and Dr. Delille, of Paris, France. At the McKellar Hospital, Dr. Delille lectured upon the prophylactic treatment of infants. Dr. Roatta's lecture at St. Joseph's Hospital, Port Arthur, was upon tuberculosis.

Included in the list of the seven graduates who achieved scholarships and prizes at the Winnipeg General Hospital graduation, were Misses Dorothy E. C. Mathias and Elizabeth J. Byers, of Fort William. Miss Mathias won first prize presented by Mr. E. D. Martin for theoretical work, and Miss Byers for practical work, presented by the Alumnae Association. Miss Phyllis R. Webster, Fort William, and Miss Lila Ruth Miller, of Port Arthur, were also among the list of new graduates.

Miss Christine McLeod returned to New York last week after visiting her sister, Mrs. Hugh Lowrie, of Fort William. Miss McLeod also attended the graduation of her sister, Miss Jessie McLeod at the Winnipeg General Hospital.

McKellar-General Hospital, Fort William: At the May meeting of the Alumnae, Miss Gerry read a splendid paper on Highland Hospital, Rochester, written by Miss B. Montpettit.

The meeting of the alumnae was held on June 25th. After a short business session, the meeting adjourned. The hostesses for the occasion were Miss Pearl L. Morrison, superintendent of the hospital and her 1929 graduating class. During the evening a presentation was made on behalf of the Alumnae by Miss Jane Hogarth to Miss Mabel Mitchell, who leaves shortly for Winnipeg and Detroit.

St. Joseph's Hospital, Port Arthur: On June 19th, 1929, the graduation exercises were held in the Winter Garden. The chairman for the occasion was Dr. Chas. Powell, who gave a fine invigorating speech outlining the progress of the hospital, which had grown from a very small one to its present size of 130 beds. Rev. Father Primeau presented the medals and diplomas to the following new graduates: Misses C. Rummery, E. Sauriol, B. Cuthbertson, L. Pettit, B. Atkinson, D. Flummerton, K. Rosie and R. Haglund.

Special prizes were awarded to Miss Rosie for faithfulness to duty; to Miss Sauriol for highest marks in medicine; to Miss Haglund, highest in Pediatrics, and to Miss Hamilton, highest in second year nursing. Thermometers were presented to each nurse by the ladies of the Hospital Aid. Dr. G. E. Eakins awarded the Medical Staff Medal to Miss Laverne Pettit.

PRINCE EDWARD ISLAND

The annual meeting of the Graduate Nurses Association was held on June 11th at the Queen Hotel, Charlottetown. Twenty-four members were present. Officers elected for the coming year are: President, Miss King; vice-president, Mrs. P. Proud; secretary-treasurer, Miss A. Mair; convener, Public Health, Miss M. Wilson; convener, Nursing Education, Sister Faustina; convener, Private Duty, Miss M. R. Gamble.

The registration fee was raised to $5.00 and the annual membership fee to $2.00. It was also decided that all nurses not registered in this province and desiring to practise here, be asked to pay a registration fee of $5.00.

Ten nurses who graduated last year received their R.N. certificates.

An appeal was made for subscriptions to The Canadian Nurse.

After the meeting, a delightful dinner was served, at which the graduating class of the Prince Edward Island Hospital were guests.

Prince Edward Island Hospital, Charlottetown: The graduating exercises of the 1929 class were held in St. Paul's Parish Hall, Charlottetown, on May 14th. Ten nurses received their diplomas. The address to the graduates was given by Dr. Yeo, and the diplomas were presented by His Honour, Lieutenant-Governor Heartz. A very pleasant programme was arranged by the Ladies' Aid of the hospital, who also presented each graduate with a beautiful bouquet of flowers. Later the graduating class were guests at an informal reception at the Nurses Home.

On May 24th, the graduating class were guests at a dance given by the medical and nursing staff at the Navy League Building.

QUEBEC

Sherbrooke Hospital: The monthly meeting of the Graduate Nurses Association was held June 13th, at the home of Miss Margaret Robins. Means of raising money for maternity cases was discussed; also reference was made to an increase in fees. At the close, refreshments were served.

The very delightful garden party at the residence of Mrs. Stevens given by the association was in every way a huge success. Miss Doris Stevens, president of the associations, Miss Helen Buck, superintendent of the hospital and Mrs. Stevens received the guests. The proceeds, which were very gratifying, will be devoted to a special fund for a nurses' memorial to be placed in the McKinnon Memorial Building in honour of the late Mrs. G. McKinnon, who always took an active interest in the association and was one time a president. The nurses are very grateful to Mrs. Stevens for so generously putting her home and grounds at their disposal.

Miss Charland has resigned her position as Instructress to the nurses. We all regret her departure.

Miss Gladys Van has been visiting Mrs. Jack Watson, Lennoxville, P.Q. Miss Van does private duty nursing in Montreal.

The sympathy of the association is extended to Miss Helen Hetherington in the loss of her father.

Royal Victoria Hospital, Montreal: Miss Kathleen I. Sanderson has accepted an appointment on the staff of the Canadian National Institute for the Blind, as Field Worker in the Western Division.

SASKATCHEWAN

City Hospital, Saskatoon: Miss Margaret Robb (1928), has left for Rochester, Minn., and will do special duty work in St. Mary's Hospital.

Miss Verena McIvor has returned from New York, where she spent six months on the staff of the Dobb's Ferry Hospital.

Mrs. W. J. Pulley (Elsie Maloney, 1917) and two sons, Bob and Jack, are spending the holiday at the Pacific Coast.

Miss Irene Bowron (1926) is taking a course in X-ray and physio-therapy at the Hospital.

We are sorry to hear of the serious illness of Miss Helen Simm, (1923), in the Shaunavon Hospital. Miss Simm has held a position in the Shaunavon Hospital for some time.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

CLARK—On May 30, 1929, at Kingston, to Dr. and Mrs. A. Clark (Miranda McMonagle, Kingston General Hospital, 1923), a son (Donald McCoy).

CLARKE—On June 14, 1929, at Jamaica, Long Island, to Mr. and Mrs. Edward J. Clarke (Evelyn Arguin, Sherbrooke Hospital), a daughter.

DAVIS—On May 8, 1929, at Ottawa, to Mr. and Mrs. Jas. Davis (Mary Jane Butler, Ottawa General Hospital, 1924), a son (John James Merrill).

FITZSIMMONS—Recently, at Ottawa, to Mr. and Mrs. Fitzsimmons (Betty Brown, Lady Stanley Institute, 1924), a daughter.

HOWES—Recently, at Kingston, to Mr. and Mrs. Joseph Howes (Mary Keon, Hotel Dieu Hospital, Kingston, 1920), a daughter.

LARUE—On January 21, 1929, at Tsunyi, Kweichon, China, to Mr. and Mrs. LaRue (Dorothy French, Hamilton General Hospital, 1923), a son (Gerald William).

MEREDITH—Recently, at Ottawa, to Mr. and Mrs. Cecil Meredith (Helen Hudson, Ottawa Civic Hospital, 1928), a son.

McKAY—On April 14, 1929, at Kingston, to Mr. and Mrs. Lionel McKay (Gertrude Fitzsimmons, Kingston General Hospital, 1923), a son (Terrence Lionel).

WARD—On June 8, 1929, at San Francisco, California, to Mr. and Mrs. William Ward (Bertha Dowsett, Saskatoon City Hospital, 1926), a son.

WATSON—On May 9, 1929, at Melfort, Sask., to Mr. and Mrs. George Watson (Sadie McEowen, Saskatoon City Hospital, 1917), a son.

YOUNG—Recently, at Ottawa, to Mr. and Mrs. Young (Marie Casselman, Ottawa Civic Hospital, 1926), a son.

MARRIAGES

BONNER—ROBBINS—Recently, in June, 1929, Mary Agnes Robbins, Truro, N.S., to John T. Bonner, of Antigonish, N.S.

CAMPBELL—MOULAND—On June 18, 1929, Mrs. Fern Mouland (Fern Hamilton, Saskatoon City Hospital, 1921), to A. E. Campbell, of Saskatoon, Sask.

CORNELL—WILSON—On June 4, 1929, at Dafoe, Sask., Lilian Wilson (Saskatoon City Hospital, 1926), to Howard Cornell, Domremy, Sask.

DOLERY—BONSER—Recently, at Calgary, Alta., Marie Audrey Bonser (Holy Cross Hospital, Calgary, 1927), to Joseph J. Dolery, M.D., of Gadsley, Alta.

FOSTER—SMITH—In June, 1929, at Saint John, N.B., Hazel Henrietta Smith (General Public Hospital, Saint John, 1927), to George Joel Foster. At home, Saint John.

MILNE—SWAYZE—On June 22, 1929, Evelyn Swayze (Hamilton General Hospital, 1923), to Robert E. A. Milne, M.D.

MURPHY—SHAW—On May 18, 1929, at Ottawa, Elizabeth Shaw (Ottawa General Hospital), to John Murphy.

NORRIS—FOLEY—On June 15, 1929, at Peterborough, Ont., Mary E. Foley (Hotel Dieu Hospital, Kingston, 1926), to Frank Norris, of Kingston. At home, Montreal, P.Q.

OLDENBURG—BANKS — On June 23, 1929, at Reno, Nevada, Mabelle Gene Banks, of Caledonia, N.S., to Ray William Oldenburg, M.D., of Colorado. At home, Klamath Falls, Oregon.

RACINE—QUINN—Recently, at Ottawa, Alma Quinn (Ottawa General Hospital), to Horace Racine, of Ottawa.

SCHMIDLIN—JAKES—On June 2, 1929, Esther Jakes (Ottawa Civic Hospital, 1927), to Frank Schmidlin, Phm.B.

SIMPSON—COOLEN—On June 5, 1929, at Dartmouth, N.S., Mary Ellen Coolen (Nova Scotia Hospital), to Major William Duff Simpson, R.C.E. At home, Halifax, N.S.

SUTHERLAND—CRAWFORD — In June, 1929, at Amherst, N.S., Gwendolyn Crawford, of Amherst, to J. W. Sutherland, M.D.

SWITZER—CURRIE—On June 5, 1929, Janet Currie (Collingwood General and Marine Hospital, 1925), to William Albert Switzer, of Collingwood. At home, Collingwood, Ont.

WALKER—BATTEY—On June 13, 1929, Freda Battey (Winnipeg General Hospital, 1926), to Rev. Remington Walker, of Kerrobert, Saskatchewan.

WATSON—WALKER—On June 4, 1929, at Edmonton, Alberta, Doris E. Walker (Royal Alexandra Hospital, Edmonton, 1927), to Stanley H. Watson.

WILSON — SMITH — Recently, Marie Smith (Ottawa Civic Hospital, 1925), to Asa Wilson.

DEATHS

BABCOCK—On May 23, 1929, at Harrowsmith, Ont., Eva Babcock (Kingston General Hospital, 1927).

BALLANTYNE—On May 6, 1929, at Ottawa, Mrs. C. T. Ballantyne (Elizabeth Ritchie, Lady Stanley Institute).

GREEN—On March 5, 1929, at Kingston, Nursing Sister Annie Green (Kingston General Hospital, 1909). Interment at Soperton, Ontario.

JEFFERSON—On June 4, 1929, at Ottawa, Mrs. Robert Jefferson (Edith Strong, Lady Stanley Institute).

POTTS—On June 10, 1929, at Ottawa, Mrs. J. MacLaren Potts (Emily Harper, Lady Stanley Institute).

Victorian Order Supervisors Demonstrate to McGill Students

By M. L. MOAG, District Superintendent, Victorian Order of Nurses, Montreal

At the request of the Director of the Department of Public Health and Preventive Medicine of McGill University, the Montreal Victorian Order of Nurses recently demonstrated to the third year medical students the visit of a public health nurse in the home. The class was divided into two groups as it was felt the entire class was too large for such an intensive demonstration.

Miss M. L. Moag, district superintendent, gave a brief outline of the policies and scope of the organization in the local district as well as throughout Canada.

Miss Marion Nash, teaching supervisor, and Miss Isabel Manson, assistant supervisor, demonstrated the actual procedure of a nursing visit to a maternity case, enlarging upon the opportunity for teaching in the home, referring particularly to the scope of the pre-natal work. Emphasis was laid upon the necessity and value of more intensive supervision of the expectant mother.

The students listened very attentively and at the conclusion of the demonstration had very many questions to ask: questions which covered every phase of the demonstration from the equipment of the nurse's bag, the cost of the baby's basket, and the subject matter of teaching, to the administration of the nurses' time and salaries.

As a result of this demonstration it is felt that the Order has awakened an interest in the minds of these coming physicians that should have a far-reaching effect upon the V.O.N. and its work in the future.

WANTED—Instructor or graduate with teaching ability, for hospital in Eastern Canada. Duties to begin September 1st. In applying state qualifications and salary expected. No. 7, "The Canadian Nurse."

WANTED — Registered Nurses for general duty in two hundred and fifty bed Tuberculosis Sanatorium. Salary seventy-five dollars per month, with full maintenance. For further particulars apply to: M. L. Buchanan, Matron, Laurentian Sanatorium, St. Agathe des Monts, P.Q.

WANTED—A nurse for Child Welfare work, salary One hundred and twenty-five ($125.00) dollars. Apply the Medical Officer, Moose Jaw, Sask.

The Frontier Nursing Service has positions for Public Health Nurses certified under a British Central Midwives' Board. Because of waiting list, applications must be received several months in advance. For further particulars, address the Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Kentucky.

WANTED—Graduate Nurses for general duty; salary $75.00 per month and full maintenance. Excellent food and comfortable living quarters. Apply to Missouria F. Martin, R.N., Supt., Woman's Southern Homeopathic Hospital, 739 S. Broad St., Philadelphia, Pa.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 511 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

Subscriptions $2.00 a year; single copies 20 cents. Combined annual subscription with The American Journal of Nursing $4.75. All cheques or money orders to be made payable to The Canadian Nurse. Changes of address should reach the office by the 20th of each month. In sending in changes of address, both the new and old address should be given. News items should be received at the office by the 12th of each month. Advertising rates and data furnished on request. All correspondence to be addressed to 511 Boyd Building, Winnipeg, Man.

School for Graduate Nurses

McGILL UNIVERSITY

Session 1929-1930

Miss BERTHA HARMER, R.N., M.A.
Director

COURSES OFFERED:

Teaching in Schools of Nursing

Supervision in Schools of Nursing

Administration in Schools of Nursing

Public Health Nursing

Organization and Supervision of Public Health Nursing

A CERTIFICATE will be granted for the successful completion of an approved programme of studies, covering a period of ONE academic year, in the major course selected from the above.

A DIPLOMA will be granted for the successful completion of the major course selected from the above, covering a period of TWO adacemic years.

For particulars apply to:

SCHOOL FOR GRADUATE NURSES
McGill University, Montreal

The University of Western Ontario Faculty of Public Health

LONDON, CANADA

Standard professional courses of nine months each for graduate nurses, leading to the certificates of:

Certificate of Instructor in Schools of Nursing (C.I.N.)

Certificate of Public Health Nurse (C.P.H.N.)

Certificate of Hospital Administrator (C.H.A.)

These also constitute the final year options in the B.Sc. (in nursing) course in the University of Western Ontario.

Important scholarships are available.

All graduates have been placed.

Registration closes 23rd September, 1929.

For further information, apply to—
MARGARET E. McDERMID,
Director, Division of Study for Graduate Nurses

ACETOPHEN AND PHENACETIN COMPOUND

C. T. No. 217 "Frosst"

for— Headaches, Rheumatic Pains, Neuralgia, Colds and Grippe

C. T No. 217
ACETOPHEN & PHENACETIN COMPOUND

Acetophen	3½ gr.
Phenacetin	2½ gr.
Caffeine Citrate	½ gr.

Dose: One or two tablets.

ANTIPYRETIC
ANALGESIC
ANTI-RHEUMATIC

Charles E. Frosst & Co. Montreal

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

(Incorporated 1918)

An Examination for title and certificate of Registered Nurse of British Columbia will be held September 25th, 26th and 27th, 1929. Names of candidates must be in the office of the Registrar not later than August 26th, 1929.

Full instructions may be obtained from

HELEN RANDAL, R.N., Registrar,
125 Vancouver Block,
VANCOUVER, B.C.

WANTED—Superintendent wanted for Queen Victoria Hospital and Training School, Yorkton, Sask.; capacity 65 beds and 20 probationers. Apply, giving salary expected, standing, experience, place of graduation and submitting testimonials or references to Secretary, J. M. Clark, Box 430, Yorkton, Sask. Applications will be considered on September 4, 1929.

Please mention "The Canadian Nurse" when replying to Advertisers.

Official Directory

INTERNATIONAL COUNCIL OF NURSES

Secretary... Miss Christiane Reimann, Headquarters: 14 Quai des Eaux-Vives, Geneva, Switzerland.

EXECUTIVE COMMITTEE, CANADIAN NURSES ASSOCIATION

Officers

Honorary President.....Miss M. A. Snively, 50 Maitland Street, Toronto, Ont.
President.....Miss M. F. Hersey, Royal Victoria Hospital, Montreal, P.Q.
First Vice-President....Miss K. W. Ellis, Vancouver General Hospital, Vancouver, B.C.
Second Vice-President.....Miss G. M. Bennett, Ottawa Civic Hospital, Ottawa, Ont.
Honorary Secretary.....Miss E. Hurley, University of Montreal, Montreal, P.Q.
Honorary Treasurer.....Miss R. Simpson, Dept. of Health, Regina, Sask.

COUNCILLORS

Alberta: 1 Miss Eleanor McPhedran, Central Alberta Sanatorium, Calgary; 2 Miss Edna Auger, General Hospital, Medicine Hat; 3 Miss Elizabeth Clark, Dept. of Public Health, Parliament Buildings, Edmonton.

British Columbia: 1 Miss K. W. Ellis, General Hospital, Vancouver; 2 Miss M. F. Gray, Dept. of Nursing, University of British Columbia; 3 Miss E. Breeze, 4662 Angus Ave., Vancouver; 4 Miss O. V. Cotsworth, 1135 12th Ave. W., Vancouver.

Manitoba: 1 Miss A. E. Wells, Provincial Health Department, Parliament Buildings, Winnipeg; 2 Miss Jessie Grant, General Hospital, Winnipeg; 3 Miss Emily Parker, 940 Grosvenor Ave., Winnipeg; 4 Miss T. O'Rourke, 733 Arlington St., Winnipeg.

Nova Scotia: 1 Miss Catherine M. Graham, 17 North St., Halifax; 2 Miss Mary F. Campbell, 344 Gottingen St., Halifax; 3 Miss M. J. Hayden, 51½ Le Marchant St., Halifax; 4 Miss Moya MacDonald, 111 South Park St., Halifax.

New Brunswick: 1 Miss A. J. MacMaster, City Hospital, Moncton; 2 Miss Margaret Murdoch, General Public Hospital, St. John; 3 Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John; 4 Miss Myrtle Kay, 21 Austin St., Moncton.

Ontario: 1 Miss E. Muriel McKee, General Hospital, Brantford; 2 Miss Grace M. Fairley, Victoria Hospital, London; 3 Miss Ethel Cryderman, Jackson Bdg., Ottawa; 4 Miss Isabel MacIntosh, 353 Bay St. S., Hamilton.

Prince Edward Island: 1 Mrs. Arthur Allen, Summerside; 2 Sister Ste. Faustina, Charlottetown Hospital, Charlottetown; 3 Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown; 4 Miss Millie Gamble, 51 Ambrose Street, Charlottetown.

Quebec: 1 Miss M. K. Holt, Montreal General Hospital, Montreal; 2 Miss E. Sharpe, Royal Victoria Hospital, Montreal; 3 Miss Isabel Manson, V.O.N., Bishop Street, Montreal; 4 Miss Christina Watling, 1480 Chomedy St., Montreal.

Saskatchewan: 1 Miss R. M. Simpson, Dept. of Public Health, Parliament Bldgs., Regina; 2 [illegible]; 3 Miss Elizabeth Smith, Normal School, Moose Jaw; 4 Miss C. M. Munro, Coronation Court, Saskatoon.

ADDITIONAL MEMBERS TO EXECUTIVE
(Chairmen National Sections)

Nursing Education: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Public Health:** Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Private Duty:** Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q.

Executive Secretary.....Miss Jean S. Wilson

National Office, 511, Boyd Building, Winnipeg, Man.

1—President Provincial Association of Nurses.
2—Chairman Nursing Education Section.
3—Chairman Public Health Section.
4—Chairman Private Duty Section.

NURSING EDUCATION SECTION

Vice-Chairman: Miss J. E. Grant, Winnipeg General Hospital, Winnipeg, Man.; **Treasurer:** Miss F. L. Reed, 511 Boyd Bldg., Winnipeg, Man. **Secretary:** Miss Elizabeth Pearston, Winnipeg General Hospital, Winnipeg, Man.

Councillors.—Alberta: Miss Edna Auger, General Hospital, Medicine Hat. **British Columbia:** Miss M. F. Gray, University of British Columbia, Vancouver. **Manitoba:** Miss J. E. Grant, Winnipeg General Hospital, Winnipeg. **New Brunswick:** Miss Margaret Murdoch, General Public Hospital, St. John. **Nova Scotia:** Miss Mary F. Campbell, 344 Gottingen Street, Halifax. **Ontario:** Miss G. M. Fairley, Victoria Hospital, London. **Prince Edward Island:** Sister Ste. Faustina, Charlottetown Hospital, Charlottetown. **Quebec:** Miss Ethel Sharpe, Royal Victoria Hospital, Montreal. **Saskatchewan:**

Convener of Publications: Miss C. Macleod, General Hospital, Brandon, Man.

PRIVATE DUTY SECTION

Chairman: Miss Agnes Jamieson, 1230 Bishop St., Montreal, P.Q. **Vice-Chairman:** Miss Clara Brown, 16 Chicora St., Toronto, Ont. **Secretary-Treasurer:** Miss Frances Sutherland, 5971 Sherbrooke St West, Montreal, P.Q.

Councillors.—Alberta:
British Columbia: Miss O. V. Cotsworth, 1135 12th Avenue W., Vancouver, B.C. **Manitoba:** Miss T. O'Rourke, 733 Arlington St., Winnipeg, Man. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton, N.B. **Nova Scotia:** Miss Moya MacDonald, 111 South Park St., Halifax, N.S. **Ontario:** Miss Isabel MacIntosh, 353 Bay St., S. Hamilton, Ont. **Prince Edward Island:** Miss M. R. Gamble, 51 Ambrose St., Charlottetown, P.E.I. **Quebec:** Miss C. M. Watling, 1480 Chomedy St., Montreal, Que. **Saskatchewan:** Miss C. M. Munro, Coronation Court, Saskatoon, Sask.

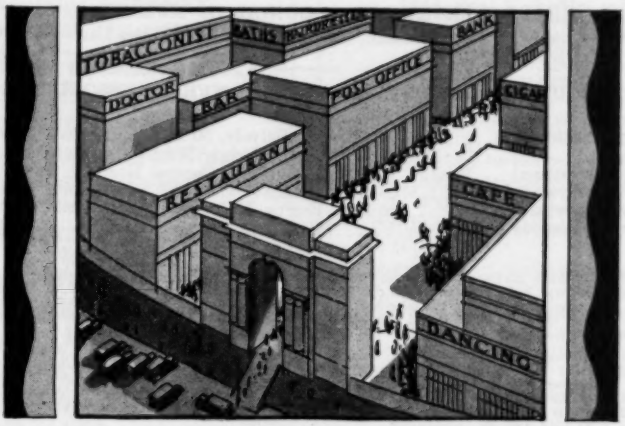
Convener of Publications: Miss T. O'Rourke, 733 Arlington St., Winnipeg, Man.

PUBLIC HEALTH SECTION

Chairman: Miss E. L. Smellie, Victorian Order of Nurses, Jackson Building, Ottawa; **Vice-Chairman:** Miss M. Wilkinson, 410 Sherbourne St., Toronto, Ont. **Secretary-Treasurer:** Miss Esther M. Beith, Child Welfare Association, Montreal, P.Q.

Councillors.—Alberta: Miss Elizabeth Clark, Dept. of Public Health, Parliament Buildings, Edmonton. **British Columbia:** Miss Elizabeth Breeze, 4662 Angus Ave., Vancouver. **Manitoba:** Miss Emily Parker, 940 Grosvenor Ave., Winnipeg. **Nova Scotia:** Miss M. J. Hayden, 51½ Le Marchant Street, Halifax. **New Brunswick:** Miss H. S. Dykeman, Health Centre, 134 Sidney St., St. John. **Ontario:** Miss E. Cryderman, Jackson Bldg., Ottawa. **Prince Edward Island:** Miss Mona Wilson, Red Cross Headquarters, 59 Grafton Street, Charlottetown **Quebec:** Miss Isabel Manson, V.O.N., Bishop St., Montreal. **Saskatchewan:** Miss Elizabeth Smith, Normal School, Moose Jaw.

Convener of Publications: Miss Mary Millman, Department of Public Health, Toronto, Ont.



YOUR CITY FOR A WEEK

WHEN YOU GO TO EUROPE, the first vacation city you visit is a Cunard ship . . . a Cunard city. Here you may spend a week in delightful comfort, gossip, dine royally, stroll or play, as if the comforts and atmosphere of your home, your clubs, and your favourite restaurants had come to sea with you.

A little army of perfect maids, chefs, valets and stewards are waiting to serve your personal comfort in this Cunard City on the Atlantic.

Feel at Home—Sail Cunard!!

CUNARD

CANADIAN SERVICE

The Cunard Steam Ship Co. Limited
270 Main St., Winnipeg, Man.
Or apply to any Steamship Agent—also offices throughout Canada

Weekly sailings from May 3rd, 1929, from Montreal and Quebec to Europe . . . Cabin, Tourist Third Cabin and Third Class

C 401

THE
Manitoba Nurses' Central Directory
Registrar—ELIZABETH CARRUTHERS, Reg. N.
Phone 30 620
753 WOLSELEY AVENUE
WINNIPEG, MAN.

12 Doz. $3.00
6 Doz. $2.00
3 Doz. $1.20
Cash's Names
Woven on Fine Cambric Tape
For Marking Clothing & Linen
ANITA PAYNE
Save Confusion and Losses
Order from your Dealer or Write
J. & J. Cash, Inc.
CRIER ST., BELLEVILLE, ONTARIO

ALBERTA ASS'N OF REGISTERED NURSES

President, Miss Eleanor McPhedran, Central Alberta Sanatorium, near Calgary; First Vice-President, Miss Ethel S. Fenwick, University Hospital, Edmonton; Second Vice-President, Miss Sadie Macdonald, Calgary General Hospital, Calgary; Registrar and Secretary-Treasurer, Miss Elizabeth Clark, Parliament Buildings, Edmonton; Nursing Education Committee, Miss Edna Auger, General Hospital, Medicine Hat; Public Health Committee, Miss Elizabeth Clark, Department of Public Health, Parliament Buildings, Edmonton.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

President, Miss K. W. Ellis, R.N., General Hospital, Vancouver; 1st Vice-President, Miss M. P. Campbell, R.N., 1625 10th Ave. W., Vancouver; 2nd Vice-President, Miss M. Mirfield, R.N., 1180 15th Ave. W., Vancouver; Registrar, Miss H. Randal, R.N., 125 Vancouver Block, Vancouver; Secretary, Miss M. Dutton, R.N., St. Paul's Hospital, Vancouver; Conveners of Committees: Nursing Education, Miss M. F. Gray, R.N., Dept. of Nursing and Health, University of B.C., Vancouver; Public Health, Miss E. Breeze, R.N., 4662 Angus Ave., Vancouver; Private Duty, Miss O. Cotsworth, R.N., 1135 12th Ave. W., Vancouver; Councillors, Misses L. Boggs, R.N., M. Ewart, R.N., M. Franks, R.N., M. E. Stewart, R.N.

MANITOBA ASS'N OF REGISTERED NURSES

President, Miss A. E. Wells, Prov. Health Dept., Parliament Bldgs, Winnipeg; First Vice-President, Miss C. Macleod, General Hospital, Brandon; Second Vice-President, Miss E. Gilroy, 674 Arlington St., Winnipeg; Third Vice-President, Sister Mead, St. Boniface Hospital, St. Boniface; Recording Secretary, Miss D. Street, Provincial Health Dept., Winnipeg; Corresponding Secretary, Miss E. Carruthers, 753 Wolseley Ave., Winnipeg; Treasurer, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; Conveners of Sections, Nursing Education, Miss J. Grant; Public Health, Miss E. Parker; Private Duty, Miss T. O'Rourke.

NEW BRUNSWICK ASSOCIATION OF REGISTERED NURSES

President, Miss A. J. McMaster, Moncton Hospital, Moncton; First Vice-President, Miss Ella S. Cambridge, 133 King St., E. St. John; Second Vice-President, Miss Mabel McMullin, St. Stephen; Hon. Secretary, Mrs. Walter S. Jones, Albert; Secretary-Treasurer and Registrar, Miss Maude E. Retallick, 262 Charlotte St., West St. John; Council Members: St. John, Misses E. J. Mitchell, Margaret Murdoch, H. S. Dykeman, Sarah Brophy, Florence Coleman, Ella S. Cambridge; St. Stephen, Misses Mabel McMullin, Florence Cunningham; Fredericton, Miss Grace Murray; Moncton, Misses Myrtle Kay, Roberta V. Gunn; Newcastle, Mrs. C. H. Gough; Bathurst, Miss Edith Stewart; Conveners of Committees: Public Health, Miss H. S. Dykeman, Health Centre, St. John; Private Duty, Miss Myrtle Kay, 21 Austin St., Moncton; Nursing Education, Miss Margaret Murdoch, General Public Hospital, St. John; Constitution and By-laws, Miss Sarah E. Brophy, Fairville; "The Canadian Nurse," Miss Ella S. Cambridge, 133 King St. East, St. John.

REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA

President, Miss C. M. Graham, Camp Hill Hospital, Halifax; First Vice-President, Miss M. A. S. Watson, North Devon, N.B.; Second Vice-President, Miss A. E. Fenton, Dalhousie Health Clinic, Halifax; Third Vice-President, Miss Agnes Cox, Tuberculosis Hospital, Halifax; Recording Secretary, Miss L. G. Hall, 344 Gottingen St., Halifax; Treasurer and Asst. Secretary, Miss L. F. Fraser, Eastern Trust Bldg., Halifax.

REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

President, Miss E. Muriel McKee, Brantford General Hospital, Brantford; First Vice-President, Miss Mary Millman, 31 Claremont St., Toronto; Second Vice-President, Miss Marion May, Ottawa Civic Hospital, Ottawa; Secretary-Treasurer, Miss Matilda Fitzgerald, Meaford, Ont.

District No. 1: Chairman, Miss Hilda Stuart, Victoria Hospital, London; Secretary-Trreasuer, Miss Mabel R. Hoy, 8 Eldorado Apts., Windsor. District No. 2: Chairman, Miss Marjorie Buck, Norfolk General Hospital, Simcoe; Secretary-Treasurer, Miss Hilda Booth, Norfolk General Hospital, Simcoe. District No. 4: Chairman, Miss Edith Rayside, General Hospital, Hamilton; Secretary-Treasurer, Mrs. Norman Barlow, 134 Catherine St., S., Hamilton. District No. 5: Chairman, Miss Ethel Greenwood, 36 Homewood Ave., Toronto; Secretary-Treasurer, Miss Alice Vernon, 72 Howland Ave., Toronto. District No. 6: Chairman, Miss Fanny Dixon, 538 Harvey St., Peterboro; Secretary-Treasurer, Miss Lillian Simons, 311 Rubidge St., Peterboro. District No. 7: Chairman, Miss Louise D. Acton, General Hospital, Kingston; Secretary-Treasurer, Miss Amy Church, Smith Falls. District No. 8: Chairman, Miss Gertrude Garvin, Strathcona Hospital, Ottawa; Secretary-Treasurer, Miss A. C. Tanner, Civic Hospital, Ottawa; District No. 9: Chairman, Miss Margaret Kennedy, Box 233 Sturgeon Falls;, Secretary-Treasurer, Miss C. McLaren, Box 102, North Bay. District No. 10: Chairman, Miss Jane Hogarth, 118 N. John St., Fort William; Secretary-Treasurer, Miss Rena Wade, McKellar General Hospital, Fort William.

ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board, Misses M. A. Samuel, L. C. Phillips, and M. F. Hersey; President, Miss M. K. Holt, Montreal General Hospital; Vice-President (French), Sister Allard, Hotel Dieu de St. Joseph, Montreal; Vice-President (English), Miss C. V. Barrett, R.V. Montreal Maternity Hospital; Recording Secretary, Miss Grace Martin, Royal Victoria Hospital, Montreal; Treasurer, Miss O. V. Lilly, R.V. Montreal Maternity Hospital. Other Members: Miss M. L. Moag, V.O.N., Miss E. B. Hurley, University of Montreal, Miss C. Lamoureux, Miss A. Kinder, Children's Memorial Hospital, Montreal, Miss Catherine Ferguson, Alexandra Hospital, Montreal. Nursing Education Section (English), Miss E. Sharpe, Royal Victoria Hospital; Nursing Education Section (French), Sister Augustine Hopital St. Jean de Dieu, Montreal; Public Health Section, Miss Isabel Manson, V.O.N., Bishop St., Montreal; Private Duty Section (English), Miss Christina Watling, 1480 Chomedy St., Montreal; Private Duty Section (French), Mlle. Panet-Raymond, 259 McDougall Ave., Montreal; Board of Examiners, Convener, Miss C. V. Barrett; Registrar and Executive Secretary, Miss M. Clint, 11 Oldfield Ave., Montreal

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION. (Incorporated March, 1927)

President, Miss R. M. Simpson, Department of Public Health, Parliament Bldgs., Regina; First Vice-President, Miss Jean McKenzie, Junior Red Cross, Regina; Second Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Councillors, Sister O'Grady, Grey Nuns' Hospital, Regina, and Miss M. Montgomery, The Sanatorium, Fort Qu'Appelle; Conveners of Standing Committees, Public Health, Miss Elizabeth Smith, Normal School, Moose Jaw; Private Duty, Miss C. M. Munro, Coronation Court, Saskatoon; Nursing Education Section,
Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

CALGARY ASSOCIATION OF GRADUATE NURSES

Hon. President, Mrs. Stewart Brown; President, Miss J. B. von Gruenigan; First Vice-President, Miss MacLear; Second Vice-President, Miss Sherwood; Treasurer, Miss Ann McKee; Recording Secretary, Miss J. Lyndon; Corresponding Secretary, Miss A. Tarrant, 536 14th Ave. W.; Convener Private Duty Section, Miss Agnes Kelly; Registrar, Miss D. Mott, 110 18th Ave. W.

THE NEW YORK POLYCLINIC MEDICAL SCHOOL AND HOSPITAL
(Organized 1881)
The Pioneer Post-Graduate Medical Institution in America
We Announce
POST-GRADUATE COURSES FOR REGISTERED NURSES
These Courses Include
Operating Room Technique and Management
All Types of Clinical Nursing
For Information Address:—DIRECTRESS OF NURSES
345 West 50th Street, New York City

THE CENTRAL REGISTRY
GRADUATE NURSES
Supply Nurses any hour day or night.
Phone Garfield 0382
Registrar
ROBENA BURNETT, Reg. N.
33 SPADINA AVENUE
HAMILTON - ONTARIO

BRONX REGISTRY AND CLUB FOR NURSES
1195 Boston Road, New York City
Graduate nurses wanted for private duty, also hospital specializing; pleasant rooms and kitchenette privileges for nurses wishing to live at the registry, also limited number of practical nurses. Telephone Kilpatrick 7640 - 7641.
ANNA M. BROWN, R.N., Prop.
Established 1911

The Central Registry of Graduate Nurses, Toronto
Furnish Nurses at any hour
DAY OR NIGHT
Telephone Kingsdale 2136
Physicians' and Surgeons' Bldg.,
86 Bloor Street, West,
TORONTO
HELEN CARRUTHERS. Reg.N,

THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL
offers a three months' Post-Graduate Course in Obstetrics and a two months' Post Graduate Course in Gynaecology and Operating Room Technique, to graduates of accredited schools.
Graduates receive ($20.00) twenty dollars per month with full maintenance.
For further information address
C. V. BARRETT, R.N.,
Royal Victoria Montreal Maternity Hospital,
MONTREAL, QUE.

Montreal Graduate Nurses' Association Register
NURSES CALLED DAY OR NIGHT
Telephone Uptown 0907
LUCY WHITE, Reg.N., Registrar,
1230 Bishop Street,
MONTREAL, P.Q.
Club House Phone Up-5666.

Bovril
is
fluid beef
highly
concentrated
29-19

EDMONTON GRADUATE NURSES' ASSOCIATION

President, Mrs. H. Manson; First Vice-President, Miss Welsh; Second Vice-President, Miss B. A. Emerson; Secretary, Miss Davidson; Treasurer, Miss S. C. Christenson, 11612 94th St., Edmonton; Corresponding Secretary, Miss M. Staley, 9904 103rd St., Edmonton; Registrar, Miss Sproule; Programme Committee, Miss Campbell; Visiting Committee, Miss M. Griffiths and Miss Chinneck.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss MacRea; First Vice-President, Mrs. C. Anderson; Second Vice-President, Miss Edna Auger; Secretary, Miss De Coursey, General Hospital, Medicine Hat; Treasurer, Miss Seafoot; Convener of of‡Flower Committee, Miss M. Murray; Convener of New Members Committee, Miss Sodero; "Canadian Nurse" Correspondent, Mrs. Tobin.

Regular Meeting—First Tuesday in Month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss Munroe; President, Miss I. Johnson; First Vice-President, Mrs. Godfrey; Second Vice-President, Miss Oliver; Recording Secretary, Miss V. Chapman; Corresponding Secretary, Miss H. Dean, Royal Alexandra Hospital; Treasurer, Miss Griffith, 10806-98th Street.

VANCOUVER GRADUATE NURSES ASSOCIATION

President, Miss M. P. Campbell, 1625-10th Ave., W.; First Vice-President, Miss M. L. Dutton, St. Paul's Hospital; Second Vice-President, Miss M. Mirfield, 1180-15th Ave., W.; Secretary, Mrs. J. A. Westman, 4697 Belmont Ave.; Treasurer, Miss L. G. Archibald, 536-12th Ave., W.; Council, Misses E. Lumsden, 2454-13th Ave., W., M. Duffield, 3760-11th Ave., W., D. Turnbull, 1865-11th Ave., W., McLeay, 1180-15th Ave., W., Jean Matheson, Military Hospital; Directory Committee (Convener), Miss K. W. Ellis, Vancouver General Hospital; Programme Committee (Convener), Miss B. Cunliffe, Vancouver General Hospital; Social Committee (Convener), Miss Corker, Vancouver General Hospital; Sick Visiting Committee (Convener), Miss D. K. Anderson, Vancouver General Hospital; Ways and Means Committee (Convener), Miss M. Ewart, 2775-38th Ave., W.; Creche Committee (Convener), Miss M. A. McLellan, 1883-3rd Ave., W.

A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Mary Alphonsus; President, Miss Jean Campion, 4630 Osler Avenue, Vancouver; Vice-President, Miss Kathleen Flahiff, 1111 Jervis St., Vancouver; Secretary-Treasurer, Miss Jeannie A. Morton, 1360 Burrard St., Vancouver; Secretary, Miss Freda Daly, 1267 Pendrell St., Vancouver; Executive, Misses M. Rogerson, E. Howell, K. Doumont, A. Kerr, K. Stirk, M. Krotska, H. Smith, A. Webb, M. Brice, A. Jordan, M. Berry, Mrs. Engley.

A.A., VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.

Hon. President, Miss K. W. Ellis; President, Miss O. V. Cotsworth, 1135 12th Ave. W.; First Vice-President, Miss Blanche Harvie; Second Vice-President, Mrs. Harold Findlay; Secretary, Miss L. Jean Stevens, 1591 16th Ave., W.; Asst. Secretary, Mrs. Hugh Macmillan; Treasurer, Mrs. George Walker, 4534 Bellevue Drive; Conveners of Committees, Refreshment, Mrs. Guill; Programme, Miss H. Innis; Sick Visiting, Miss L. Stocker; Sewing, Miss L. Timmins; Local Press and "The Canadian Nurse," Miss E. Bowman.

A.A., ST. JOSEPH'S HOSPITAL, VICTORIA, B.C.

President, Mrs. Jean Beach, 231 St. Andrews St.; First Vice-President, Miss Mina Craighead, 940 Fullerton Ave.; Second Vice-President, Miss Norah Knox, 1024 Pakington St.; Corresponding Secretary, Mrs. Myrtle Willson, 2224 Hampshire Terrace; Recording Secretary, Miss Doris Taylor, 1024 Pakington St.; Secretary-Treasurer, Miss Elizabeth Reid, 123 Simcoe St.; Councillors: Mrs. May Smith, the Misses Eunice McDonald, Bessie Graham, Kathleen Fraser.

BRANDON GRADUATE NURSES' ASSOCIATION

Hon. President, Miss E. M. Birtles; Hon. Vice-President, Mrs. W. Shillinglaw; President, Mrs. A. V. Miller; First Vice-President, Miss E. McNally; Second Vice-President, Miss R. McCulloch; Secretary, Miss K. Lynch; Treasurer, Miss I. Fargey, 302 Russell St., Brandon; Conveners of Committees, Social, Miss H. Morrison; Sick Visiting, Miss R. Dickie; Press Representative, Miss M. Skinner.

A.A., ST. BONIFACE HOSPITAL, ST. BONIFACE, MAN.

Hon. President, Rev. Sr. Mead, St. Boniface Hospital; Hon. Vice-President, Rev. Sr. Krause, St. Boniface Hospital; President, Miss Theresa O'Rourke, 733 Arlington St.; First Vice-President, Miss S. M. Wright, 340 St. John's Ave.; Second Vice-President, Miss E. Shirley, Ste. 28 King George Apts.; Secretary, Miss Stella Gordon, 251 Stradbrooke Ave.; Treasurer, Miss Isabel Downing, 173 Home St.; Conveners of Committees, Social, Miss J. Morrison, 245 Ruby St.; Sick Visiting, Miss B. Stanlon, Ste. 4 Smith Court; Refreshment, Miss N. O'Meara, 17 Dundurn Place; Press and Publication, Miss S. M. Wright, 340 St. John's Ave.; Representatives to Local Council of Women, Mrs. McIntosh, 200 Kennedy St., Miss Theresa O'Rourke; Representative to Nurses Central Directory, Miss A. C. Starr.

Meetings—Second Wednesday each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Miss E. Ironside, 876 Bannatyne Ave.; Second Vice-President, Miss I. McDiarmid, 363 Langside; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss O. Wicks, Nurses Home, Winnipeg General Hospital; Corresponding Secretary, Miss M. Baldwin, Nurses Home, Winnipeg General Hospital; Treasurer, Mrs. H. Graham, 99 Euclid St.; Sick Visiting, Miss J. Morgan, 122 Rose St.; Programme, Miss C. Lethbridge, 877 Grosvenor Ave.; Membership, Miss B. Pearston, Nurses Home, Winnipeg General Hospital.

A. A., GALT HOSPITAL, GALT, ONT.

Hon. President, Mrs. Wallace; President, Miss M. King; First Vice-President, Miss S. Mitchell; Second Vice-President, Miss Jackson; Secretary-Treasurer, Miss G. Rutherford; Asst. Secretary-Treasurer, Mrs. E. V. Brown; Programme Committee, Misses Hopkinson, Blogden and Lawless.

KITCHENER AND WATERLOO REGISTERED NURSES' ASSOCIATION

President, Miss V. Winterhalt; First Vice-President, Miss M. Elliott; Second Vice-President, Mrs. W. Noll; Treasurer, Mrs. W. Knell, 41 Ahrens St. W.; Secretary, Miss E. Master, 13 Chapel St.; Representative to "The Canadian Nurse," Mrs. S. S. Shantz, 860 Queen's Blvd.

THE EDITH CAVELL ASSOCIATION OF LONDON, ONTARIO

President, Miss Annie P. Evans, 639 Wellington St.; First Vice-President, Miss Alice Clark; Second Vice-President, Miss Evelyn Haslewood; Secretary-Treasurer, Miss Josephine Little, McCormick Home for Aged People; Social Secretary, Miss Lydia Young; Programme Committee, Misses Bertha Smith, Anne M. Forrest, Mrs. Gertrude Heal; Representatives on Registry Board, Misses Mary Baudin, Nora McPherson; Representative, "The Canadian Nurse," Mrs John Gunn.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

A Post-Graduate Training School for Nurses

AND

An Affiliated Training School for Nurses

The Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, offers to graduates of accredited training schools a two months' course, both theoretical and practical, in the nursing care of the diseases of the eye, ear, nose and throat. The course includes operating room experience. If desired, a third month may be spent in the social service department.

This course is very valuable to public health nurses, especially to those in schools and industries.

Hospital capacity, 211 beds; Out-patients daily average 226. A comfortable and attractive Nurses' Home faces the Charles River. Allowance to post-graduate students, twenty (20) dollars a month and full maintenance. The same course, including the third month, is available by application to students of approved schools.

For further information address:—

SALLY JOHNSON, R.N.,
Superintendent of Nurses

The Maternity Hospital and Dispensaries

WESTERN RESERVE UNIVERSITY

In the effort to meet appeals coming from all parts of the country for nurses capable of giving proper care to the pregnant, parturient and puerperal women, Maternity Hospital has arranged for graduates of accredited schools a comprehensive

Post Graduate Course	Four Months
Theoretical instruction	50 hours
Practical demonstrations	50 hours

Supervised practice and individual instruction during the

Time Assigned to Various Departments	
Mothers	3 weeks
Nurseries	4 weeks
Surgery and Delivery Rooms	3 weeks
Babies' Hospital and Dispensary	1 week
Out-Patient Department	6 weeks

Social Service
Prenatal
Postpartum
Deliveries

Full credit is given by Public Health organizations for the time spent in this Out-Patient Department.

Maintenance and an honorarium of $100.

Apply, SUPERINTENDENT,
105, Adelbert Rd., Cleveland, O.

Please mention "The Canadian Nurse" when replying to Advertisers.

FLORENCE NIGHTINGALE ASSOCIATION, TORONTO, ONT.

President, Miss Mary Gridley; Vice-President, Miss Harriet Meiklejohn; Treasurer, Miss Clara E. Dixon, 125 Rusholme Road; Secretary, Miss Violet Carroll, 1 Edgewood Ave.; Councillors, Mrs. M. Edwards, Miss F. Campbell, Miss H. Campbell, Miss B. Hutchinson, Mrs. B. Manning, Miss W. Murray, Miss M. Moberley, Miss I. Wallace.

DISTRICT No. 8, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Gertrude Garvin; Secretary-Treasurer, Miss A. G. Tanner; Directors, Misses F. Hodgins, M. Stewart, D. M. Percy, Mrs. John Murphy, Norma Lewis and Kathleen Forbes; Conveners of Committees: Nursing Education, Miss G. Bennett; Publication, Miss Dorothy Percy; Public Health, Miss Dorothy Percy; Private Duty, Miss G. Woods; Membership, Miss N. Lewis; Representative to Board of Directors, R.N.A.O., Miss G. Garvin.

DISTRICT No. 10, REGISTERED NURSES ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-President, Miss A. Boucher, Port Arthur; Secretary-Treasurer, Miss R. Wade, Fort William; Councillors: Misses P. L. Morrison, T. Gerry, B. Bell, Fort William; Misses E. Ballantyne, S. MacDougall, V. Lovelace, Port Arthur; Representatives: Private Duty, Miss A. Boucher, Port Arthur; Public Health, Miss T. Gerry, Fort William; Nursing Education, Miss P. L. Morrison, Fort William; Conveners of Committees: Membership, Miss T. Gerry, Fort William; Programme, Miss V. Lovelace, Port Arthur, and Mrs. R. Grant, Fort William; Finance, Miss B. Bell, Fort William; Correspondent to "The Canadian Nurse," Mrs. H. Hancock, Fort William; Representative to Board of Directors R.N.A.O., Miss J. Hogarth, Fort William.

Meetings held first Thursday every month.

A.A. BELLEVILLE GENERAL HOSPITAL

Hon. President, Miss Florence MacIndoo; President, Miss Vina Humphries; Vice-President, Miss Edith Wright; Secretary, Miss Sabra Phillips; Treasurer, Miss Reta Fitzgerald; Representative to "Canadian Nurse", Miss Helen Fargey.

Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss K. Charnley, Brantford General Hospital; Assistant Secretary, Miss R. Hocken; Treasurer, Miss H. Potts; Flower Committee, Misses Hardisty and Yardley; Gift Committee, Mrs. Mathews, Miss Robinson; Representative, "The Canadian Nurse," Miss M. MacCormack, Brantford General Hospital; Press Representative, Miss Doeringer; Social Convener, Miss Hough.

A.A., BROCKVILLE GENERAL HOSPITAL

Hon. President, Miss A. L. Shannette; President, Mrs. H. B. White; First Vice-President, Miss M. Arnold; Second Vice-President, Miss J. Nicholson; Third Vice-President, Mrs. W. B. Reynolds; Secretary, Miss B. Beatrice Hamilton, Brockville General Hospital; Treasurer, Mrs. H. F. Vandusen, 65 Church St.; Representative to "The Canadian Nurse," Miss V. Kendrick.

A.A., PUBLIC GENERAL HOSPITAL, CHATHAM, ONT.

Hon. President, Miss P. Campbell, Supt. of Public General Hospital; President, Miss J. Tinney, 187 Selkirk St.; First Vice-President, Miss D. Thomas, General Hospital; Second Vice-President, Miss W. Fair, General Hospital; Recording Secretary, Mrs. E. P. Smythe, 193½ King St.; Corresponding Secretary and Press Correspondent, Miss J. Davis, Fourth St.; Treasurer, Miss Lila Baird, 374 Victoria Ave.; The Canadian Nurse, Miss G. Hillman, 44 Third St.

A.A., ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother St. Roche; Hon. Vice-President, Sister M. Remegius; President, Miss Charlotte Neff; Vice-President, Miss Kate Dillon; Secretary, Miss Jean Lundy, Apt. 9, Parkview Apartments, Chatham; Treasurer, Miss Hazel Gray; Representative to "The Canadian Nurse," Miss Anna Currie; Sick Visiting Committee, Misses L. Richardson and G. Norton.

Regular meeting first Monday of each month.

A.A., CORNWALL GENERAL HOSPITAL

Hon. President, Miss Lydia Whiting; President, Miss Mary Fleming; First Vice-President, Mrs. Boldick; Second Vice-President, Miss Mabel Hill; Secretary-Treasurer, Miss Helen C. Wilson, Cornwall General Hospital; Representative to "The Canadian Nurse," Miss Helen C. Wilson.

A.A., ROYAL ALEXANDRA HOSPITAL, FERGUS ONT.

Hon. President, Miss Helen Campbell; President, Mrs. Bean, 54 Rosemount Ave., Toronto; First Vice-President, Miss Marian Petty; Second Vice-President, Mrs. Ida Ewing; Treasurer, Miss Bertha Brillinger, Toronto; Secretary, Miss Evelyn Osborne, 8 Oriole Gardens, Toronto; Asst. Secretary, Mrs. N. Davidson, Fergus Hospital; Press Secretary, Miss Jean Campbell, 72 Hendrick Ave., Toronto.

A.A., GUELPH GENERAL HOSPITAL

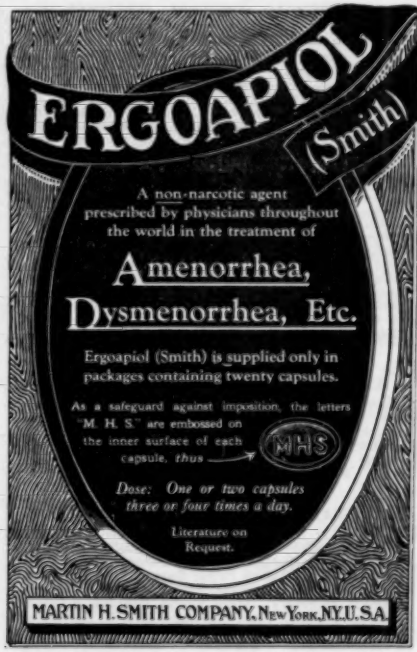
Hon. President, Miss M. F. Bliss, Supt., Guelph General Hospital; President, Miss L. Ferguson; First Vice-President, Miss I. Inglis; Second Vice-President, Miss L. Sprowl; Secretary, Miss Josephine Pierson, 16 Powell St.; Treasurer, Miss A. Milloy; Flower Committee, Misses Creighton and Badke, Mrs. R. Hockin; Correspondent to "The Canadian Nurse," Miss A. L. Fennell.

A. A., HAMILTON GENERAL HOSPITAL

Hon. President, Miss E. C. Rayside, Hamilton General Hospital; President, Miss Cora Taylor, 80 Grant Ave.; Vice-President, Miss Ella Baird, 15 Bold St.; Recording Secretary, Mrs. Barlow, 134 Catharine St. S.; Corresponding Secretary, Miss Janie I. Cordner, 70 London Ave. N.; Treasurer, Mrs. E. M. Johnson, 156 Kensington Ave. S.; Treasurer Mutual Benefit Association, Miss M. L. Hannah, 25 West Ave. S.; Executive Committee, Mrs. Roy (Convener), Misses G. Hall, A. Atkins, T. Armstrong, L. Call, M. Harrod; Registry Committee, Misses E. Davidson, G. Hall, Mrs. Hess; Programme Committee, Miss Buchanan (Convener), Misses Souter, Sturrock, J. Murray, Eastwood; Flowers and Visiting Committee, Miss Annie Kerr (Convener), Misses McDermott, Pegg, Burnett; Representatives to Local Council of Women, Misses Burnett, Sadler, Laidlaw, Buckbee; Representatives to "The Canadian Nurse," Miss Souter (Convener), Misses Pegg, Baird; Representative R.N.A.O. Private Duty, Miss Hanselman; Representative to Women's Auxiliary, Mrs. J. Stephens.

A. A., ST. JOSEPH'S HOSPITAL, HAMILTON,

Hon. President, Mother Martina; President, Miss E. Quinn; Vice-President, Miss H. Fagare; Treasurer, Miss I. Loyst, 71 Bay Street S.; Secretary, Miss M. Maloney, 31 Erie Avenue; Convener, Executive Committee, Miss M. Kelley; The Canadian Nurse, Miss G Boyes.


ERGOAPIOL
(Smith)
A non-narcotic agent prescribed by physicians throughout the world in the treatment of
Amenorrhea,
Dysmenorrhea, Etc.
Ergoapiol (Smith) is supplied only in packages containing twenty capsules.
As a safeguard against imposition, the letters "M. H. S." are embossed on the inner surface of each capsule, thus
MHS
Dose: One or two capsules three or four times a day.
Literature on Request.
MARTIN H. SMITH COMPANY, NEW YORK, N.Y. U.S.A.

ACIDOPHILUS MILK

This modern corrective for

Intestinal Disorders

is procurable from any of the following plants, where it is prepared under rigid, scientific laboratory supervision.

CRESCENT CREAMERY CO., LIMITED, WINNIPEG

ACME DAIRY LIMITED, and
THE FARMERS DAIRY CO., LIMITED, TORONTO

THE PRODUCERS DAIRY LIMITED, OTTAWA

ELMHURST DAIRY LIMITED, MONTREAL

These plants are owned and operated by

EASTERN DAIRIES
LIMITED

POST-GRADUATE COURSES

Woman's Hospital in the State of New York

SIX MONTHS' GENERAL

Practical Work—Gynecological Wards; Obstetrical Ward, including Nursery Formula, Delivery and Labor Rooms; Operating Room, including Sterilizing and Recovery Room technic. Out-Patient Clinics.

Theory.....40 hours Nursing Procedures, 24 hours Obstetrical Nursing, 15 hours Gynecology, 6 hours Anatomy and Physiology, 6 hours History of Nursing. Lectures by Attending Staff.

THREE MONTHS' OBSTETRICAL

Practical Work—Obstetrical Ward, Nursery, Formula, Delivery and Labor Rooms; Out-Patient Clinics.

Theory.....40 hours Nursing Procedures; 24 hours Obstetrical Nursing; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

THREE MONTHS' OPERATING ROOM TECHNIC AND MANAGEMENT

Practical Work—Operating Rooms, Sterilizing and Recovery Rooms, Management of Operating Rooms.

Theory.....24 hours Nursing Procedures; 15 hours Gynecology; 6 hours Anatomy and Physiology. Lectures by Attending Staff.

Post-Graduate Students receive an allowance of $15.00 per month and full maintenance
Theoretical Instruction by Attending Staff and Resident Instructor
Nurse Helpers Employed on all Wards

AFFILIATIONS

Offered to accredited Training Schools for three-months' Courses in Obstetrics

For further particulars, address—DIRECTRESS OF NURSES
141 West 109th St., New York City.

A.A., HOTEL DIEU, KINGSTON, ONT.

Hon. President, Rev. Sister Donovan; President, Mrs. Wm. Elder, Avonmore Apts.; Vice-President, Mrs. Vincent L. Fallon, 277 Earl Street; Secretary, Miss Genevieve Pelow, c/o Hotel Dieu; Treasurer, Mrs. Irene McDonald, c/o Hotel Dieu; Executive Committee, Mrs. L. E. Crowley, Miss E. Smith; Miss K. McGarry; Visiting Committee, Misses O. McDermott and E. McDonald.

A.A., KINGSTON GENERAL HOSPITAL

First Hon. President, Miss E. Baker; Second Hon. President, Miss Louise D. Acton; President, Mrs. S. F. Campbell; First Vice-President, Mrs. G. H. Leggett; Second Vice-President, Miss A. Baillie; Treasurer, Mrs. C. W. Mallory, 203 Alfred Street; Secretary, Miss Olivia M. Wilson, General Hospital; Press Representative, Miss Mary Wheeler, General Hospital; Flower Committee (Convener), Mrs. George Nicol, 355 Frontenac Street; Representative, Private Duty Section, Miss A. McLeod, 27 Pembroke Street.

A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

Hon. President, Mrs. J. Westwell; President, Miss M. Snider; First Vice-President, Mrs. V. Snider; Second Vice-President, Mrs. R. Petch; Secretary, Miss T. Sitler, Kitchener and Waterloo Hospital, Kitchener; Asst. Secretary, Mrs. L. Bauman; Treasurer, Miss K. Grant; The Canadian Nurse, Mrs. L. Kieswetter.

A. A., ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sister M. Pascal; Hon. Vice-President, Sister St. Elizabeth; President, Miss A. Costello; First Vice-President, Mrs. J. Nolan; Second Vice-President, Miss L. Morrison; Corresponding Secretary, Miss N. Barr; Recording Secretary, Miss H. Mullins; Treasurer, Miss E. Beger, 27 Yale St.; Representative, Board of Central Registry, Miss A. Costello.

A.A., VICTORIA HOSPITAL, LONDON, ONT.

Hon. President, Miss Grace M. Fairley, Victoria Hospital; President, Miss Della Foster, 503 St. James Street; First Vice-President, Miss Mary Yule, 151 Bathurst St.; Second Vice-President, Miss Christena Gillies, Victoria Hospital; Treasurer, Miss Edith Smallman, 814 Dundas Street; Secretary, Miss Isobel Hunt, 898 Princess Avenue; Corresponding Secretary, Miss Mabel Hardie, 281 Queens Ave.; Representative, The Canadian Nurse, Miss Luella M. Shaw, Victoria Hospital; Board of Directors, Mrs. C. J. Rose, Misses F. MacPherson, H. Hueston, E. Swetnam, H. Cryderman, A. McKay; Representatives to Registry Board, Misses M. McVicar, S. Giffen, F. Macpherson and A. Johnston.

A.A., NIAGARA FALLS GENERAL HOSPITAL

Hon. President, Miss M. S. Park; President, Miss Marion Curry; First Vice-President, Mrs. M. E. Sharpe; Second Vice-President, Mrs. D. O'Donnell; Treasurer, Mrs. N. Gillies; Secretary, Miss H. J. Pirie; Convener, Sick Committee, Mrs. V. Wesley; Asst. Convener, Sick Committee, Mrs. J. Taylor; Convener, Private Duty Committee, Miss A. I. Pirie.

A.A., ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss E. Johnston; President, Miss M. Harvie; First Vice-President, Miss M. Payne; Second Vice-President, Miss A. Dudenhoffer; Secretary-Treasurer, Miss Gladys M. Went; Programme Committee, Misses C. Newton, M. Stephen, F. Graham; Visiting Committee, Misses G. Adams, E. Mitchell, F. Pearce.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss E. MacWilliams; President, Mrs. H. W. Trick, 168 Simcoe St. N.; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Miss Elma M. Hogarth, 301 Celina Street; Treasurer, Mrs. H. Harland, 50 McMillan Drive.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

President, Miss Isabel Mothersill; Vice-President, Miss Mary Nelson; Secretary, Miss Isabel Allan, 408 Slater St.; Treasurer, Mrs. Florence Ellis; Representatives to Central Registry, Miss Grace Woods and Miss Norma Lewis; Representative to the Local Council of Women, Miss Mona Drummond.

A.A., LADY STANLEY INSTITUTE, OTTAWA (Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Miss Mabel M. Stewart, Royal Ottawa Sanatorium; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. G. O. Skuce, Britannia Bay, Ont.; Treasurer, Miss C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. MacGibbon, 114 Carling Ave.; Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home, Aylmer Ave.; "Canadian Nurse" Representative Miss A. Ebbs, 80 Hamilton Ave.; Representatives to Central Registry Nurses, Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Mrs. J. Waddell, 220 Waverley St.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavia; President, Miss Elizabeth Shaw; First Vice-President, Miss Florence Nevins; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Viola Foran, 557 Laurier Ave., West; Membership Secretary, Miss Pauline Bissonnette; The Canadian Nurse, Miss Juliet Robert; Representatives to The Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Vian, Miss F. Nevins; Representatives to Central Registry, Miss A. Stackpole, Miss L. Egan, and a member of each class.

A. A., GENERAL AND MARINE HOSPITAL OWEN SOUND.

Hon. President Miss Edith Jefferies; President, Miss E. Webster 1022 4th Ave. W.; Vice-President, Miss Cora Thompson; Secretary-Treasurer, Miss Cora Stewart, General and Marine Hospital; Asst. Secretary-Treasurer, Mrs. D. J. McMillan; Flower Committee, Mrs. Wm. Forgrave, Mrs D. J. McMillan, Miss C. McLean; Programme Committee, Misses Olga Stewart, Grace Rusk, Mary Graham; Press Representative, Miss Mary Sim.

A.A., NICHOLL'S HOSPITAL, PETERBORO.

President, Miss F. Dixon; First Vice-President, Miss E. B. Walsh; Second Vice-President, Miss H. Anderson; Treasurer, Miss M. R. Reid; Secretary, Miss B. Smith; Corresponding Secretary, Miss J. Deyell, Y.W.C.A.; Convener, Social Committee, Miss M. Watson; Convener, Flower Committee, Miss A. Dobbin.

A.A., SARNIA GENERAL HOSPITAL

Hon. President, Miss K. Scott; President, Miss D. Shaw; Vice-President, Miss L. Barwise; 2nd Vice-President, Miss L. Seigrist; Treasurer, Miss M. Lee; Secretary, Miss B. M. Farlane.

A.A., SAULT STE. MARIE GENERAL HOSPITAL

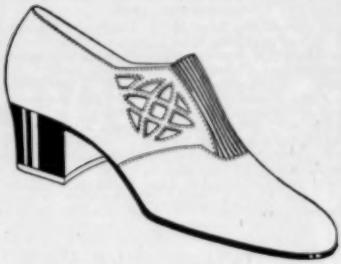
Hon. President, Rev. Sister Mary Dorothea; President, Miss Lillian Goatbe; First Vice-President, Mrs. J. O'Driscoll; Second Vice-President, Miss Stella Kehoe; Secretary, Miss Dora Baxter; Treasurer, Miss B. Spence.

A.A., STRATFORD GENERAL HOSPITAL

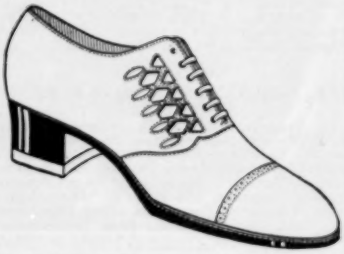
Hon. President, Miss A. M. Munn; President, Miss S. Meyschein; Vice-President, Miss C. Staples; Secretary-Treasurer, Miss L. M. Wilks; Flower Committee, Mrs. L. Dunsmore, Miss A. Turnbull; Correspondent, "The Canadian Nurse," Miss C. J. Zoeger.

A. A., MACK TRAINING SCHOOL, ST. CATHARINES.

Hon. President, Miss A. Wright, Superintendent General Hospital; President, Mrs. Charles Hesburn, 54 George St.; First Vice-President, Mrs. Parnell, 161 Church St.; Second Vice-President, Miss Tuck, 106 Church St.; Secretary-Treasurer, Miss Ethel Whittington, General Hospital; Assistant Secretary-Treasurer, Miss Mary Phipps, 82 Hainer St.; Programme Committee, Mrs. Ockenden, Misses F. McArter, A. Johnston and F. Case; Social Committee, Misses B. Kennedy, A. Moyer, R. Beckett, A. Gayman and Mrs. F. Newman; "The Canadian Nurse" Representative, Mrs. Parnell; "The Canadian Nurse," Subscriptions, Miss F. McArter; Press Correspondent, Miss S. E. Hanna.



Elastic gore, turn-sole cut-out, for dressy wear, beech tan and black kid—$12.00.



Cut-out Oxford, welt sole. Black and medium tan kid—$10.50 *and* $11.50.

IT IS NOT WISE

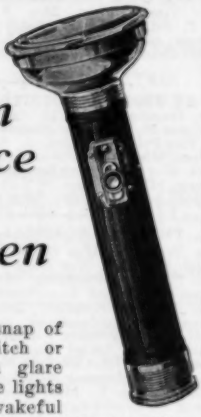
to change from the comfortable "on duty" shoe to something more dressy, but at the same time uncomfortable because made on an entirely different last. You can buy a NATURAL TREAD for street and evening as well as for ward and sick room. We have specialized in shoes for years: reap the benefit of our knowledge and avoid the ills of "sick" feet.

Write for self-measurement chart, and remember your patients will appreciate your telling them just what comfortable feet mean to their general health.

NATURAL TREAD SHOES DISTRIBUTING CO. LTD.

18 Bloor St. W. - TORONTO

When Silence is Golden



Often the snap of a wall switch or the sudden glare of the house lights begins a wakeful night for your patient. At these times use an Eveready Flashlight—it makes no noise, and you can keep the circle of light away from your patient's face, if desired.

Take an Eveready Flashlight in your bag—the cost is small for so great a convenience. Make sure you load it with genuine Eveready Flashlight batteries for brightest light and longest service.

Canadian National Carbon Co. Ltd.

TORONTO

Calgary Montreal
Vancouver Winnipeg

Owning Eveready Battery Station, CKNC, Toronto

EVEREADY FLASHLIGHTS & BATTERIES
—they last longer

A.A., MEMORIAL HOSPITAL, ST. THOMAS

Hon. President, Miss Lucille Armstrong, Memorial Hospital; Hon. Vice-President, Miss Mary Buchanan, Memorial Hospital; President, Miss Jessie Grant, Memorial Hospital; First Vice-President, Miss Jean Killins; Second Vice-President, Miss Hazel Hastings; Secretary, Miss Annie Campbell, Memorial Hospital; Corresonding Secretary, Miss Gladys Hardy, 19 Weldon Avenue; Treasurer, Miss Mary Malcolm, 142 Centre Street; The Canadian Nurse, Mrs. Thomas Keith, 47 William St.; Executive, Mrs. J. A. Campbell, Misses Isabel Matheson, Roma Chambers, Elinor Reaman, Claribel McCorquodale.

A.A., TORONTO GENERAL HOSPITAL

Hon. President, Miss M. A. Snively; Hon. Vice-President, Miss Jean Gunn; President, Miss Jean Browne; 1st Vice-President, Miss Hunter; 2nd Vice-President, Miss M. Crossley; Treasurers, The Misses Fidler, Nurses' Residence, Toronto General Hospital; Corresponding Secretary, Miss L. Bailey; Recording Secretary, Miss M. Stewart; Councillors, Misses K. Russell, G. Gordon, C. Vale, M. Dulmage, McFarland.

A.A., GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray; First Vice-President, Miss Alberta Bell; Second Vice-President, Miss L. J. Dyer; Recording Secretary, Miss Dewar; Corresponding Secretary, Miss Lila Edmunds, 282 Grace St.; Treasurer, Miss Elliott, 26 Tranby Ave.

A.A., GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

Hon. President, Miss Esther Cook, 130 Dunn Ave.; President, Mrs. Caroline Ash, 130 Dunn Avenue; Vice-President, Miss Jean Macpherson, 130 Dunn Avenue; Secretary, Miss Mary Crawford, 130 Dunn Avenue; Treasurer, Miss Amy Poff, 130 Dunn Avenue; Press Secretary, Miss Ione Clift, 130 Dunn Avenue; Convener, Social Committee, Miss Effie Carrie, 61 Roncesvalles Avenue.

A.A., TORONTO ORTHOPEDIC HOSPITAL

Hon. President, Miss E. McLean; President, Miss M. Devins, 42 Dorval Rd.; Vice-President, Mrs. W. J. Smithers, 74 St. George St.; Secretary-Treasurer, Miss O. Fee, 100 Bloor St. W.; Representatives to Central Registry: Mrs. Proctor, 226 Glen Rd.; Miss E. Kerr, 1594 King St. W.; Representative to R.N.A.O., Miss A. Bodely, 43 Metcalf St.

A.A., RIVERDALE HOSPITAL, TORONTO

President, Miss E. Lyall, 290 St. George St.; First Vice-President, Miss G. Gastrell, Isolation Hospital; Second Vice-President, Mrs. Radford, 458 Strathmore Blvd.; Secretary, Miss A. Hastings, Riverdale Hospital; Treasurer, Miss D. Dench, 135 Coleman Ave.; Conveners of Standing Committees: Sick and Visiting, Miss S. Stretton, 7 Edgewood Ave.; Programme, Miss F. Scott, 1026 Danforth Ave.; Representatives to Central Registry, Misses B. Hewlett and J. Haines; Representative, "The Canadian Nurse," Miss A. Hastings.

A. A., HOSPITAL FOR SICK CHILDREN, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts and Miss Kathleen Panton; President, Miss Hazel Hughes; First Vice-President, Mrs. A. L. Langford; Second Vice-President, Miss Gene Clark; Secretary, Miss Wilma Low, 274 Danforth Ave.; Corresopnding Secretary, Mrs. D. M. Smith, 250 Heath St. W.; Treasurer, Mrs. A. P. Reid, 58 Hubbard Blvd.; Councillors, Miss Carson, Mrs. Strachan, Miss K. Halliwell, Miss Florence Booth, Mrs. T. A. James, Miss St. John.

A.A., ST. JOHN'S HOSPITAL, TORONTO

Hon. President, Sister Beatrice, St. John's Hospital; President, Miss Haslett, 48 Howland Ave.; First Vice-President, Miss Ramsden, 9 Carey Rd.; Second Vice-President, Miss Bowen, 9 Linden St.; Corresponding Secretary, Miss Magnan, 3 Ravina Cres.; Recording Secretary, Miss Coleman, 119 Wellesley Cres.; Treasurer, Miss Cook, 1192 Gerrard St. E.

A.A., ST. MICHAEL'S HOSPITAL, TORONTO

President, Miss Essie Taylor, 20 Lauder Ave. Toronto; First Vice-President, Miss Ella Graydon Second Vice-President, Miss Ella O'Boyle; Third Vice-President, Miss Helen O'Sullivan; Recording Secretary, Miss Roselle Grogan; Corresponding Secretary, Miss Marie E. McEnaney, 62 Aziel St., Toronto; Treasurer, Miss Helen Hyland, 137 Belsize Drive, Toronto; Directors, Misses E. M. Chalue, M. I. Foy, Marcella Berger; Conveners of Standing Committees, Misses Ivy de Leon, Julia O'Connor, Hilda Kerr.

A.A., VICTORIA MEMORIAL HOSPITAL, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

A.A., WELLESLEY HOSPITAL, TORONTO

President, Miss Edith Carson, 496 Sherbourne St.; Vice-President, Miss Alice Brown, 40 Wroxeter St.; Treasurer, Miss Elda Rowan, 342 Spadina Rd.; Recording Secretary, Mrs. Florence Barry, 42 Maitland St.; Corresponding Secretary, Miss Jessie Campbell, 121 Carlton St.; Executive, Misses Tucker, Lavelle, Fraser and Meikle; Correspondent to "The Canadian Nurse," Miss Bernice Reid, 88 Carlton St.

A.A., TORONTO WESTERN HOSPITAL

Hon. President, Miss B. L. Ellis; President, Miss Wiggins; Vice-President, Miss Annie Low; Recording Secretary, Miss Grace Ryde; Secretary-Treasurer, Miss Marjorie Agnew; Representative to Local Council of Women, Mrs. McConnell; Representative to R.N.A.O., Miss Wiggins; Representative to "Canadian Nurse," Mrs. Isabel Dalzell; Councillors, Mrs. Yorke, Mrs. Drysdale, Mrs. Porrett, Mrs. Nesbitt, Mrs. Dalzell; Social Committee, Mrs. Duff (convener).

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

A. A., WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. Bowman; Hon. Vice-President, Miss Harriett T. Meiklejohn; President, Miss Hawkes; First Vice-President, Mrs. Akins; Second Vice-President, Miss Arksey; Treasurer, Mrs. Hood; Corresponding Secretary, Miss McClintock (first), Miss Groenswold (second); Recording Secretary, Miss Munns; Social Committee, Miss May; Representative to "The Canadian Nurse," Miss M. F. Snell, 21 Kelvin Manor Apts., 2161 Yonge St.

A.A. CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL, WESTON

Hon. President, Miss E. MacP. Dickson, Toronto Hospital, Weston; President, Miss Louise Smith, Toronto Hospital, Weston; Vice-President, Miss Ella Robertson, 137 Markham St., Toronto; Secretary, Miss Ruth MacKay, Toronto Hospital, Weston; Treasurer, Miss Clara Foy, 163 Concord Ave., Toronto.

A. A., GENERAL HOSPITAL, WOODSTOCK,

Hon. President, Miss Frances Sharpe; President Mrs. J. McDiarmid; First Vice-President, Mrs. Melsome Second Vice-President, Miss G. Boothby; Secretary Miss A. Schofield; Asst. Secretary, Miss H. Brown; Treasurer, Miss E. Eby; Corresponding Secretary, Miss L. Jackson; Representative to "The Canadian Nurse," Miss A. Cook; Social Committee, Mrs. Melsome, Misses Kerr and Jackson; Programme Committee, Misses Hobbs, McKay, and Costello; Flower Committee, Misses Jefferson and Cook.

GRADUATE NURSES ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. S. Buck, Superintendent Sherbrooke Hospital; President, Miss Doris Stevens; First Vice-President, Miss Ella Morrisette; Second Vice-President, Miss Rhena Work; Treasurer, Mrs. Oscar Stenson; Recording Secretary, Miss Helen Hetherington; Corresponding Secretary, Miss Margaret Robins; Representative to "The Canadian Nurse," Miss Carolyn Hornby, Box 324, Sherbrooke, P.Q.

You may find a uniform as good,
BUT—
Never, never will you find a better one,

so
why
not
buy
the
best

No. 309

In finest quality dress cotton or twill..... each **$6.50**

Imported Poplin..... each **$8.50**

All sizes 32 to 42 and larger

BLAND & CO. LIMITED

Confederation Life Bldg. - Montreal, Que.

Please mention "The Canadian Nurse" when replying to Advertisers.

A.A., LACHINE GENERAL HOSPITAL

Hon. President, Miss L. M. Brown; President, Miss B. A. Jobber; Vice-President, Miss M. McNutt; Secretary-Treasurer, Miss B. F. Lapierre, 9563 LaSalle Blvd., LaSalle, P.Q.; Executive Committee, Miss A. Talbot, Miss M. Lamb.

Meetings, first Monday each month.

MONTREAL GRADUATE NURSES' ASSOCIATION

Hon. President, Miss L. Phillips, 3626 St. Urbain St.; President, Miss C. V. Barrett; Royal Victoria Hospital; First Vice-President, Miss A. Jamieson, 1230 Bishop St.; Second Vice-President, Miss A. DesBrisay, 1230 Bishop St.; Secretary Treasurer, Miss J. A. Fletcher, 1230 Bishop St.; Day Registrar, Miss L. White, 1230 Bishop St.; Night Registrar, Miss E. Clarke, 1230 Bishop St.; Relief Registrar, Miss J. A. Fletcher, 1230 Bishop St.; Convener, Griffintown Club, Miss G. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday, January, April, October, December.

A.A CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Hon. President, Miss A. S. Kinder; President, Miss M. Watson; Vice-President, Miss I. Stewart, Secretary, Mrs. F. C. Martin, 228 Royal Avenue; Treasurer, Miss M. Flanders; Sick Nurses Committee, Miss M. Clarke, Miss A. MacFarland; Representative to "The Canadian Nurse," Miss D. Parry; Members of Executive Committee, Misses E. Hogue, E. Hillyard.

A.A., MONTREAL GENERAL HOSPITAL

President, Miss F. E. Strumm; First Vice-President, Miss E. M. Cowen; Second Vice-President, Miss M. K. Holt; Recording Secretary, Miss M. P. Boa; Corresponding Secretary, Miss H. G. Hewton; Treasurer, Alumnae Association and Mutual Benefit Fund, Miss I. Davies; Hon. Treasurer, Miss Dunlop; Executive Committee, Misses Loggie, M. McDermott, Batson, McCarogher, Mathewson; Representative Private Duty Section, Miss R. Loggie; Representative to "The Canadian Nurse" (Convener), Miss White; Representative, Local Council of Women, Misses Colley, Bullock, Proxy, H. Carmen; Sick Visiting Committee (Convener), Mrs. Stuart Ramsay; Refreshment Committee, Misses Ward and L. Shepherd.

A.A., HOMOEOPATHIC HOSPITAL, MONTREAL

Hon. President, Mrs. H. Pollock; President, Mrs; M. I. Warren; First Vice-President, Miss T. Y. Sanders. Second Vice-President, Miss D. Campbell; Secretary, Miss Muriel Bright; Assistant Secretary, Miss M. McKenzie; Treasurer, Miss D. W. Miller; "The Canadian Nurse" Representative, Miss A. B. Pearce; Montreal Nurses Association, Mrs. H. Pollock, Miss H. O'Brien; Convener, Social Committee, Miss M. F. Currie.

A.A., ROYAL VICTORIA HOSPITAL, MONTREAL

Hon. Presidents, Misses E. A. Draper and M. F. Hersey; President, Mrs. Stanley; First Vice-President, Mrs. LeBeau; Second Vice-President, Mrs. Scrimger; Treasurer, Miss Burdon; Recording Secretary, Miss G. Martin; Corresponding Secretary, Miss K. Jamer; Convener of Finance Committee, Miss Enright; Convener, Programme Committee, Mrs. Scrimger; Convener, Sisk Visiting Committee, Miss Gall; Representative, "The Canadian Nurse," Miss E. Flanagan; Representative, Local Council of Women, Misses Hall, Yeates; Representative, Private Duty Section, Misses Steel, McCallum, Palliser, McKibbon.

A.A., WESTERN HOSPITAL, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Marion Nash, 1234 Bishop St.; First Vice-President, Miss Bertha Birch; Second Vice-President, Miss Edna Payne; Secretary, Miss Ruby Kett; Treasurer, Miss Jane Craig; Conveners of Committees: Finance, Miss E. MacWhirter; Sick and Visiting, Miss B. Dyer; Correspondent to "The Canadian Nurse," Miss M. Hume; Representatives, Private Duty Section, Misses M. Tyrrell, H. Williams.

A.A., NOTRE DAME HOSPITAL, MONTREAL

Hon. President, Mother Dugas; Hon. Vice-Presidents Mother Mailloux, Rev. Sister Robert; President, Miss B. Lecompte; First Vice-President, Miss A. Hartenstein; Second Vice-President, Miss G. Dufresne; Secretary, Miss F. Massicotte, 2886 Holt St.; Assistant Secretary, Miss F. Ecuyer; Treasurer, Miss L. Boulerice; Conveners of Committees: Social, Miss L. Senecal; Nominating, Misses G. Belisle, E. Merizzi, M. De Courville; Sick Visiting, Misses A. Martineau G. Gagnon, B. Lacourse.

A.A., WOMEN'S GENERAL HOSPITAL, WESTMOUNT

Hon. President, Miss E. F. Trench; President, Miss L. Smiley; First Vice-President, Mrs. Crewe; Second Vice-President, Miss N. J. Brown; Recording Secretary, Miss Commerford; Corresponding Secretary, Mrs. Chisholm; Treasurer and "The Canadian Nurse" Representative, Miss E. L. Francis; Sick Visiting, Mrs. Kirk, Miss Jensen.

Regular Meeting—Third Wednesday, at 8 p.m.

A.A. JEFFERY HALE'S HOSPITAL, QUEBEC

Hon. President, Mrs. S. Barrow; President, Miss E. Armour; First Vice-President, Miss H. A. MacKay; Second Vice-President, Miss E. Ford; Recording Secretary, Miss E. Douglas; Corresponding Secretary, Miss F. O'Connell; Treasurer, Miss E. McHarg; Representative to "The Canadian Nurse," Miss Doris Jack; Sick Visiting Committee, Misses Effie Jack, Cecile Caron; Private Duty Section, Miss C. Caron; Refreshment Committee, Misses A. Ascah, Ivy Nichol; Councillors, Miss F. L. Imrie, Mrs. D. Jackson, Miss C. Kennedy, Mrs. M. Craig, Miss Una Gale.

A.A. SHERBROOKE HOSPITAL

Hon. President, Miss H. S. Buck; President, Miss Ella Morrisette; First Vice-President, Mrs. Roy Wiggett; Second Vice-President, Mrs. Colin Campbell; Treasurer, Mrs. Adele Dyson; Recording Secretary, Mrs. Gordon McKay; Corresponding Secretary, Miss Evelyn L. Warren, Sherbrooke, P.Q.; Correspondent to "The Canadian Nurse," Miss Helen Todd.

MOOSE JAW GRADUATE NURSES' ASS'N

Honorary Advisory President, Mrs. Harwood; Honorary President, Mrs. Lydiard; President, Miss Cora M. Kier; Secretary, Miss B. Aldcorn, 202 Scott Bldg., Moose Jaw; Conveners of Committees: Social, Mrs. Stanfield; Press, Mrs. Lydiard; Constitution and By-laws, Miss French; Programme, Mrs. Young; Representative, Private Duty, Miss R. Cooper; Representative, Public Health, Miss Smith; Representative, Nursing Education, Mrs. Young; Correspondent to "The Canadian Nurse," Mrs. Archibald; Treasurer and Registrar, Miss Cora M. Kier.

A.A., REGINA GENERAL HOSPITAL

Hon. President, Miss K. M. Ross; President, Miss J. Jackson; 1st Vice-President, Miss M. Buker; 2nd Vice-President, Mrs. J. C. Black; Treasurer, Miss M. Wilkins; Secretary, Miss S. Pollock, General Hospital, Regina; Press Committee, Miss J. Burrows; Entertainment Committee, Miss M. McRae, Miss L. Turnbull; Refreshment Committee, Miss L. Blakely; Sick Nurses Committee, Miss F. Winterbotham.

A.A. SCHOOL FOR GRADUATE NURSES McGILL UNIVERSITY, MONTREAL

Hon. Members, Miss M. F. Hersey, Miss G. M. Fairley, Dr. Helen R. Y. Reid, Dr. Maude Abbott, Miss Mary Samuel; President, Miss Louise Dickson, Shriners' Hospital; Vice-President, Miss Olga V. Lilly, Royal Victoria Maternity Hospital; Secretary- Treasurer, Miss D.P. Cotton, 581 Sherbrooke St.; Programme Committee, Miss M. Armstrong, 1230 Bishop St.; Representatives, Local Council of Women, Miss Dobie, R.V.H., Montreal and Miss Helen Hewton, M.G.H., Western Division; Proxy, Miss M. Watson, Children's Memorial Hospital; Representatives to "The Canadian Nurse": Administration, Miss C. Armour, Jeffery Hale's Hospital, Quebec; Teaching, Miss E. Hillyard, Children's Memorial Hospital; Public Health, Miss Mildred Chambers, 379 King St., London, Ont.

A. A. OF THE DEPT. OF PUBLIC HEALTH NURSING, UNIVERSITY OF TORONTO

Hon. President, Miss E. K. Russell; President, Miss E. Watt; Vice-President, Miss M. G. Lovell; Secretary-Treasurer, Mrs. J. W. Grant; Recording Secretary, Miss I. Meagher; Conveners of Committees: Programme, Miss E. Clancey; Social, Miss M. Ingall; Publicity, Miss M. McEnaney.

NURSES UNIFORMS

Three New Styles——

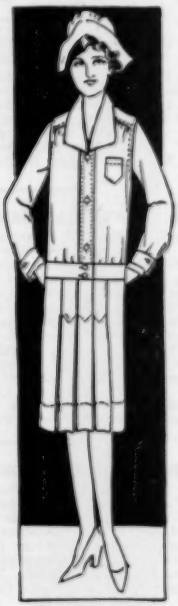
Designed---For Comfort and Appearance

Tailored---To Stand Repeated Launderings

Priced---No Higher than the Ordinary Kind

Style No. 8700

Style No. 8800



Style No. 8900

Best Quality Middy Twill $3.50 each or 3 for $10.00

Corley Mercerized Poplin $6.50 each or 3 for $18.00

SALES TAX INCLUDED

Full shrinkage allowance made in all our uniforms. Sent postpaid anywhere in Canada when your order is accompanied by money order. Prices do not include caps. When ordering, give bust and height measurements.

All our Garments unconditionally Guaranteed as to material and workmanship.

Made in Canada by

CORBETT-COWLEY *Limited*

Send for our Catalogue and samples of materials.

NOTE OUR NEW TORONTO ADDRESS

690 King St. W., TORONTO 1032 St. Antoine St., MONTREAL

Please mention "The Canadian Nurse" when replying to Advertisers.

FELLOWS' SYRUP
of the Hypophosphites

A concentrated mineral pabulum, possessing unrivalled therapeutic properties in all Wasting Diseases, which have been termed "Demineralizations" by modern clinicians.

Supplies the organism with those indispensable mineral elements:
Manganese Sodium Potassium Calcium Iron
together with the dynamic action of quinine and strychnine.

Over Half-a-Century of Clinical Experience
with FELLOWS' SYRUP has confirmed it as

"THE STANDARD TONIC"

Samples and Literature upon request.

FELLOWS MEDICAL MANUFACTURING CO., Inc.
26 Christopher Street, New York, U. S. A.

MENIHAN ARCH-AID ROCHESTER, U.S.A.

For . . . Professional Women

A specially designed Oxford, with built-in Arch Supports in

Black Kid—Tan Kid—White Shoe Linen—White Buckskin

Menihan's Arch-Aid Shoes

are built scientifically.

The elements embraced in their construction prevent improper posture, hence you will walk correctly, producing both ease and grace.
Your efficiency is enhanced by reason of this.

GEORGE L. CONQUERGOOD
Licensed Chiropodist in attendance

No. 507

THE ARCH-AID SHOE COMPANY

Toronto Store,
24 Bloor St. West.

Montreal Store,
686 St. Catherine St. West,
Cor. Bishop

The Canadian Nurse

A Monthly Journal for the Nurses of Canada

Published by the Canadian Nurses Association

Vol. XXV. WINNIPEG, MAN., SEPTEMBER, 1929 No. 9

Registered at Ottawa, Canada, as second-class matter

Entered as second-class matter March 19th, 1905 at the Post Office, Buffalo, N.Y., under the Act of Congress, March 3rd, 1897

Editor and Business Manager:—
JEAN S. WILSON, Reg. N., 511 Boyd Building, Winnipeg, Man.

SEPTEMBER, 1929

		PAGE
The Congress		451
Exhibits (Illustrated)		479
President's Address	*Nina D. Gage*	486
The Watchword: "Service"	*Ethel G. Fenwick*	490
The Future	*Adelaide Nutting*	492
The Scientific Method in Social and Health Work	*Julius Tandler*	498
The Nurse as a Citizen	*Bertha Wellin*	505
Exchange Scholarships	*Alice Lloyd Still*	509
University Schools of Nursing	*Annie W. Goodrich*	512
The Need for Publicity in Nursing	*Gertrude Cowlin*	522
Rural Nursing	*Alexandra Wacker*	527
	Nikica Bovolini	528
Rural Nursing as Health Centres	*Mary K. Nelson*	530
Rural Nursing from the Viewpoint of the Public Health Nurse	*Elizabeth Smellie*	531
The Preparation of a Curriculum	*Dr. Stanley Ryerson*	535
Trends and Developments in Vocational Education	*Dr. W. W. Charters*	541
The Community Need in Relation to the Education of the Nurse	*Mlle. Chaptal*	544
State Supervision in Schools of Nursing	*Adda Eldredge*	545
The Organization of Post-Graduate Study in Nursing	*Rachel Cox-Davies*	550
Legislation in Nursing	*E. M. Musson*	552
Developments in the Public Health Field	*Dr. G. B. Roatta*	556
The Red Cross Nursing Programme	*Mrs. Maynard Carter*	562
	Lucie Odier	567
The Status and Problems of the Private Duty Nurse	*A. S. Gordon*	572
	Agnes Chan	572
	Jessie Bicknell	572
	E. C. Kaltoft	572
	Janet Geister	573
Modern Developments in Private Nursing	*Isabel Macdonald*	574
The Economics of Nursing	*Elizabeth Fox*	576